

# Motivation and Attitude Change Components For Trainers of Community Health Aides



## TRAINING RESOURCE MANUAL

**Motivation and Attitude  
Change Components  
For Trainers of  
Community Health Aides**

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This training resource manual has been prepared especially for the trainees and should not be included in reading lists or periodicals as generally available.

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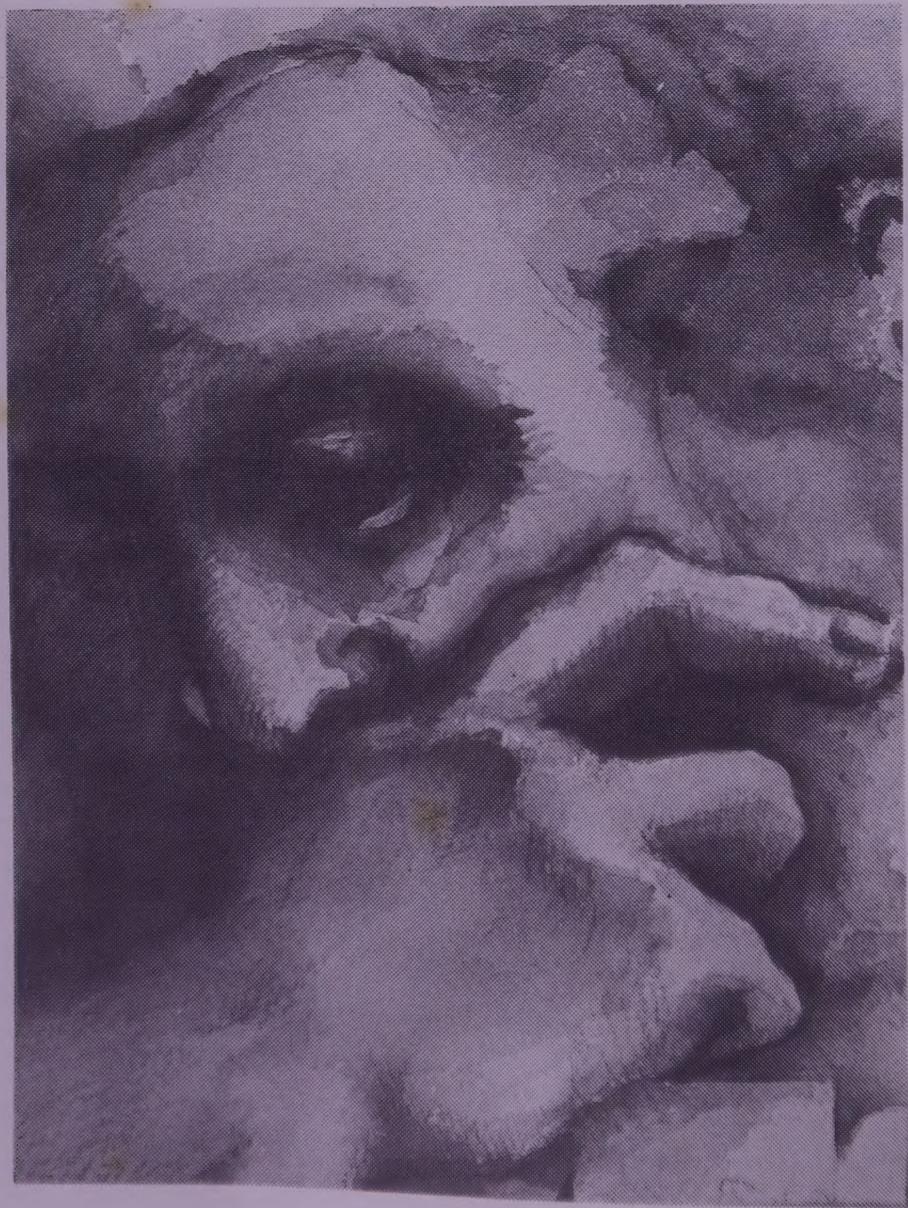
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# **Introduction**

The purpose of this training guide is to provide certain resource materials in the field of social science for trainers of community health aides. The subjects chosen are those which have been found relevant to the work of the aides, in programs where administrative emphasis is placed on the aide role of motivator and change agent. The material has been developed and adapted from many sources, and most of the subjects first appeared as lectureettes in training programs for community health aides.

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Robert E. Knittel, Ph.D.



# **Defining Job Tasks and Administrative Training Continuity**

The role of city government is changing from that of an enforcement agency to one that includes reaching out to help people and showing them ways in which they can make a better life for themselves. The trainees should be helped to become aware that they have a part in this changing role of local government.

An orientation session in the training program will enable the trainees to become better acquainted with the organization for which they are working, and it will enable them to acquire some feel for the structure with which they will be associated. It should give them an opportunity to understand how they are related to the agency for which they work, and how this agency is related to other agencies, and the extent to which it differs from other agencies.

One way of promoting this understanding is to inquire into the nature of the task or job of the trainee and his role in the performance of that task. This is similar to the concept of status and role. We can most directly identify the trainee's status by asking him to define his job as he understands it. We can determine how he sees himself going about this task by asking him to define his role in carrying out this task.

A simple example will clarify this concept. A man may have a status as a father. In that status, his job is to provide for his wife and children, to educate his children, and to help them become useful members of society. As a father, his role in performing these tasks may include that of disciplinarian, friendly helper, judge, educator, reinforcer, clarifier, sympathizer, resource person, etc.

The group discussion technique is a useful method to elicit this information from the trainees. Trainees should be encouraged to be candid so that the widest variety of interpretations of job and role may be aired. The job or task of the trainees would be reviewed first in small group discussions and reported on by each group. Then the role in the performance of tasks should be discussed in small groups and reported by these groups. These results should be written for review by the whole training group and reproduced for their notebooks.

Significant clues to the problems which will arise in the training program will be obtained through this exercise. In a training program for agriculture extension workers who were changing their tasks from specific extension types to general community development types, this approach revealed confusion and resentment over the wide variety of tasks they were to perform. They believed they were to perform both the extension type tasks and the community development type tasks which, in many cases, were in

conflict. In another training project two groups which were working in different offices discovered they were performing similar tasks, thus duplicating effort. Such information will effect the subsequent conduct of the training and improvisation in training design.

Another important factor in conducting and modifying the training design, as well as administrating the program, is the expectations and goals of the trainees. Here, again, this information is most easily elicited by the small group discussion technique, with a reporting back of the group discussion. The trainers should encourage the trainees to express their expectations freely, regardless of what they know of the training program or the capabilities of the trainers. The resultant list will permit insights into many problems which might so preoccupy the trainees that learning in other areas is blocked. The expectations will usually fall into three categories, (1) technical aspects of the subject material they are to master, such as health information, sanitation practices, housing codes, etc.; (2) administrative aspects such as bus fare, time off, seniority, raises, identification cards, etc.; and (3) skill acquisition aspects, such as persuasiveness, helping people, communicating, etc.

At the earliest opportunity, the trainers should divide the expressed expectations into these categories so that they can explain at the next session exactly which subjects will be handled and why and which ones will not be covered and why.

It is particularly important to clarify expectations which relate to administration. The administration staff member who is most responsible for the trainees' welfare should take time at this point to answer the expectations and concerns of the trainees. This need, often ignored by both the administration and the consultant, has been termed "administration-training continuity". This term refers to the trainees' need for reassurance that the administrators understand their problems and the frustrations which arise while performing their duties. Because of this need, the administrators must be available to discuss specific issues with each training group. At least one training session should be devoted to this at the beginning of the training program.

The training consultant needs to have access to the administrators during the training program. He should be able to talk with any of the administrators for 45 to 60 minutes in order to clarify ambiguities about goals, field procedures, or special problems. The consultant should be concise because there is usually little time available either from the administrator or from the training sessions.

Although the trainer will be supplementing, from his experience and learning, the needs seen by the administrators, he should not dismiss any need suggested by the administrators without investigating it first. Discussion with people who are connected with the field work in a supervisory capacity or who are affected by the field work of the trainees is often helpful in this regard.

Before the trainees can motivate others to change, they themselves must be motivated to do their jobs. Their motivation depends considerably on what they perceive the administration's attitude toward their work to be. Their motivation to solve problems and to bring about changes in attitudes and motivation will be directly related to the way in which they believe their superiors, on all levels, view their function. While a certain amount of verbal encouragement and morale boosting by the administration will help in this respect, the power of words alone is limited. Administrative belief in the importance of the trainees' job must also be demonstrated through concern

about the problems, no matter how trivial, which trainees face in their field work. The administration does not need to solve all these problems, but it should be able to discuss them intelligently, to give understandable reasons for being unable to change things, and to explain what steps can be taken to improve the changeable. Such problems may range from reimbursement for bus fare to fear of being out on the street after dark. None of these should be considered trivial. If a problem is trivial, the triviality of it will usually be made apparent by the trainee's co-workers. However, the administrator should not let trainees judge the problem; he should investigate each individual case, and circumstances sometimes make a problem severe rather than trivial.

Because of the importance of effective communication between administrators and trainees, the trainer-consultant must develop good rapport with the administration, be able to give feedback freely and to arrange for feedback sessions with responsible administrative personnel. The trainer must be a consultant as well as a trainer, but only in extreme emergencies should he assume administrative perogatives or duties.

# **Origins of Group Effectiveness**

We have all been members of groups of one kind or another, some of them formal and others informal. We, perhaps, gather informally in a small group around the water cooler or the coffee maker, on a street corner or in an elevator, and briefly exchange conversation. Or, in the more formal setting, we may be members of committees or task forces at work or in school or church. The tone and the content of these groups may vary widely, but the dynamics of the group are somewhat the same. Skills in group discussion are useful in both the formal and informal setting, and it is quite possible that the aides as well as their supervisors will be working mostly in the informal settings.

In a discussion group we have the participants, the group itself, and, in a more formal setting, usually a discussion leader. We can look at these two elements and ask of each, "What makes each one effective?" The movie "How to Conduct a Discussion Group" (Encyclopedia Britannica Films) lists eleven qualities of a good discussion group:

1. Good physical setting.
2. Good social feeling.
3. A basic plan with flexibility.
4. Direct interchange among group members.
5. Encouragement to participate.
6. Experience of members which is used to enrich group discussion.
7. Feeling of responsibility by each member for the effective conduct of the group.
8. Understanding by all of both the immediate and ultimate goals of the group.
9. Varied methods and procedures (role play, speakers, books, films, etc.).
10. Decisions based on fact, and experience as well as opinion.
11. Evaluation by all members of group to improve the group's performance.

Qualities of a good discussion leader listed in the movie are:

1. Interest in people.
2. Ability to draw out people.
3. Should provide balance to the group.
4. Broad experience.

The quality of a group discussion depends upon the actions of the individual group members. Things that individual members can do to make the group more effective include:

1. Sharing the leadership and responsibility for the group's work.
2. Operating in an atmosphere of friendly cooperation and concentrating on the job.
3. Starting with an agenda to which there is general agreement, then taking up each item in order of its importance or urgency.
4. Attempting to clarify the problems or topics for discussion and working at them in an orderly systematic way.
5. Budgeting time wisely, avoiding lengthy but senseless deviations, but recognizing new issues as they arise.
6. Practicing democracy by permitting individuals to contribute, to criticize, and to take time, thus reaching group decisions through individual reasoning and shared ideas.
7. Lessening hostility, ill-feeling or misunderstanding among members when necessary to the continued functioning of the group.
8. Pausing and summarizing when necessary, but remembering the group's task.
9. Encouraging contributions to the discussion by those who are usually silent and attempting to help them overcome difficulties of verbal communication.
10. Remembering that an effective group should be large enough to draw from various viewpoints and backgrounds of individuals but small enough (5 to 15 people) to enable all to share, and participate, directly and indirectly, in its work.

For a group discussion to affect the process of decision making that may be going on in a larger group, or even within the group itself, a good summary of the groups' proceedings, reflecting the essence of the discussion results, is necessary. This is a job for the discussion recorder, but all group members may assist in this task. Some things a discussion group recorder needs to remember are:

**A. Functions of the recorder**

1. To record the major issues discussed, with pro and con arguments indicated.
2. To record the major agreements reached.
3. To record the recommendations for action.
4. To report the above to the main assembly.

**B. Suggestions for effective recording**

1. Listen carefully.
2. Write down the essence of each of the leader's summaries.
3. Ask for clear-cut summary statement, if necessary.
4. Distinguish between agreements and individual points of view.
5. Avoid tendency to assume leadership.
6. Check your report with the leader or the group for accuracy.
7. Report the thinking of the group—not the recorder's.

**C. Suggestions for effective reporting**

1. Give the significant agreements and recommendations of your group, but try to avoid repeating completely what has been reported previously by another recorder.
2. Follow your notes carefully to assure a fair and accurate report.
3. At times, report interesting individual comments as well as the consensus statements.
4. Speak for the group, not yourself.

## **Improving Member Functions**

Any group is strengthened and enabled to work more efficiently if its members:

1. Become conscious of the functions the group needs at any one time;
2. Find out the degree to which they are helping to meet these needs through what they do;
3. Undertake effective self-training to improve their ability to function effectively.

## **Non-Functional Roles**

Attempts by members of a group to satisfy individual needs which are irrelevant to the group task and which are non-oriented or negatively oriented to group building and maintenance raise problems of group and member training. Any great amount of non-functional behavior in the group always calls for self-diagnosis by the group. Whatever the diagnosis discloses, it is in this group setting that the weaknesses of the group are discovered and remedied by training. The outright "suppression" of non-functional roles should be avoided since this will deprive the group of data needed for really adequate self-diagnosis.

## **Suggested Readings**

Adult Education Association. "How to Lead Discussions," "Leading the Learning Group," "Training Group Leaders," "Understanding How Groups Work." Pamphlets. Adult Education Association, 1225 Nineteenth Street, N. W., Washington, D. C. 20036.

# Training Consultation

The most important task for the training consultant is to judge the feasibility of the training program. Feasibility means the extent to which the type of training offered by the consultant-trainer fills the needs of the client. In determining feasibility, the consultant must consider (1) the needs of the client as seen by the client, (2) the needs of the client as seen by the consultant, (3) the ability of the client to carry out his portion of the training program, (4) the availability of adequate facilities for the training, and (5) the needs of the trainees as seen by themselves. If any one of these considerations is overlooked, or not attended to properly, the training program can be considerably weakened.

During the initial contact, the consultant should determine the position of the person making the contact and his interest in the training. The relationship between the administrative unit responsible for the trainees and the contacting person should also be clarified. After arranging a personal interview with the client and others who are important to the training program's success, the consultant should obtain a list of all who are to attend and their administrative titles and duties.

The personal interview should be held at the site of the administrative unit which made the initial contact, if possible. This will give the consultant an opportunity to meet staff, make observations, ask questions and to acquire a feeling about the sophistication of the organization, its resources, its sense of responsibility, etc. The training needs as seen by the administrator or the administrative unit should be discussed thoroughly. The consultant should probe for differences of opinion among those in the unit and test to see if these differences are recognized by the people involved or whether they will have to be made better known and resolved.

It is important to interview all those directly responsible for the activities and the behavior of the trainees in the normal performance of their duties. Also to be interviewed are all administrators in the organization who are directly affected by the trainees' work, but who do not have direct administrative responsibility for that work. Their concerns and viewpoints may be important in determining the design of the training. Furthermore, it may be necessary to explain and interpret to them what the trainees' role is to be and what the training is intended to accomplish. If possible, top administrative people who are interested in and who may be publicly held responsible, either professionally or politically, for the work of the trainees should be interviewed. While asking pertinent questions and answering their questions directly and frankly, the consultant can inform them of the type of support necessary from their offices.

Ideally, those directly responsible for the trainees and their work should meet jointly with the training consultant for a discussion of the problems and possible solutions. It is possible that the training which the consultant offers cannot resolve the types of problems they want resolved. It may be that they look upon training as a solution to a problem which can only be solved in another way.

The determination of feasibility, which means the ability to successfully carry out a training program with positive results for the client requesting the training, is not very difficult for the experienced consultant or trainer. Unfortunately, training is often given regardless of whether it will be well received and useful to the client and the trainees.

Feasibility of a training program may be questionable and it might be well to delay the training, in the following instances:

1. When there does not appear to be a common understanding of training goals among the administrative unit personnel, and it does not appear probable that the consultant can assist in bringing about such understanding.
2. When the administrative unit does not wish to be involved in the training program, but simply desires that the training be offered.
3. When there is insufficient technical information or personnel who can impart this information.
4. When there is a lack of understanding or clarity of the client's administrative role on the part of the top administration.
5. When the facilities for conducting the training program are inadequate.

If the training program appears feasible within the context and resources of the organization, and is compatible with top administrative needs and goals, then the consultant should agree to conduct the program. The next step is to learn more about the administration's training goals. Thus, the consultant should meet with all administrators who will be affected by the training. This group will include top administrators whose early understanding and cooperation are essential if the training program is to be successful.

Ideally, all of these people would attend and take as much time as needed to accomplish the meeting's objectives. Actually, the situation may be much different, since the top administrators will usually be present for only the first hour or so. It is important to use this first hour well. The consultant should take charge immediately by directing questions and eliciting expressions of opinion and need. He cannot afford to let anyone monopolize the meeting; otherwise, the meeting may end before he learns the opinions or needs of some important administrators. He should be sure that everyone present expresses himself. No enigmatic roles should be left around the table. If the reason for some person's presence is not known, it should be sought out discreetly. It is important that everyone express a point of view or a purpose at the meeting. This indicates to the group as well as to the consultant the degree of unity of purpose and permits a valid identification of the need by the responsible people involved. It also allows the consultant to make clear to the top administrators what training can and cannot do for their organization. Individual needs and actual or potential conflicts in needs and goals will become apparent at such a meeting. After giving the top administrators sufficient information, the consultant becomes more specific about the training needs. The top administrators will usually leave at this point.

If the people to be trained have already been performing their work in the field, the trainer must try to determine their weaknesses as revealed by their field work performance. If the trainees are new workers, the trainer will give them what he and the administrators think these workers will need or should have. In the latter situation, heavy reliance is placed on past experiences and what other trainers have encountered in similar situations.

The composition of the group to be trained should be established in the goal-determining session. Who is to be trained? While this appears to be a fairly simple question, it involves some difficult decisions. Very often, the administration believes that only those who will be out in the field should be trained. The problem of availability of personnel for training and scheduling also complicates the question.

All members of program's administrative unit which is affected by the training should participate, in one way or another. Supervisors may be included as observers, or they may constitute a group within the training group. Certain administrative personnel may be included as observers or as part of the training program, but their participation must permit them to receive feedback about the trainees' needs and problems in performing their jobs. The final composition of the training group will likely be a mixture of what the consultant recommends, what the client organization provides, and the extent to which non-field personnel are willing to participate in the training process.

After the goal-determining session, the wise consultant immediately writes a resume which gives in brief but succinct terms, the needs and points of view expressed by everyone at the session. This summary is then sent to the person who was delegated at the session the responsibility of distributing the summary to all who attended for review and comments. This person should collect these reviews and comments and send them to the consultant. These comments should be studied by the consultant before he designs the training program.

# **Observation and Perception**

**Frederick Tesch, M.A.**

The effective training consultant is very sensitive to the verbal and non-verbal behavior of both those he is training and those administrators for whom the trainees will work. He is skilled in observation and perception. The trainees must also develop their skills in both these areas.

Part of the training program should be directed at enabling the trainees to develop better understandings of the sensory apparatus, the differences between observation and perception, and how perceptual set affects the tasks of the trainee.

## **The Sensory Apparatus**

Our senses, particularly vision and hearing, are the channels through which we receive information about the objects, events, and people around us, that is, our environment. Like other types of information channels, our senses are subject to information loss, distortion, and malfunction. What comes out of the channel (its output) is rarely identical with what was put into it (the input): usually the output is less than input. Fatigue, drugs, and alcohol can interfere with our senses and thus promote information loss. When our senses are rested and alert, less information is lost. In other words, information loss is affected in part by channel conditions.

But the really important feature of our "sensory channels" is that they receive or "take in" much more information than we normally use. When we observe a situation, our eyes are like cameras—they "take in" all the qualities, colors, textures, features, and details. And yet we perceive only the most important information. For example, as you sit in your car at an intersection waiting for a green light, your eyes are receiving information about the facial features, clothes, and detailed appearance of all the people crossing in front of you. But, unless one is very attractive or unusual, you perceive merely "pedestrians" and automatically discard or ignore all the detailed information. Through your senses you observe every fact and feature of your environment, just as a camera does; but you, unlike a camera, use the information as it relates to your needs and tasks. In the above example, the immediate task was to watch for the green light and the detailed information was irrelevant and thus ignored.

## **Observation vs. Perception**

The example also differentiates observation from perception. Observation is information gathering, the sensory reception of all information.

Perception is the selective use of the observed information. Perception is a process of sorting and organizing all the bits of observed information into an efficient, representative summary. Perception involves only the most relevant and most important parts of the observed information.

The organizing and summarizing functions make good sense when we realize that in our every day world we are constantly faced with exceedingly complex forms of stimulation under a variety of conditions. To handle all this stimulation we must find regularities, consistencies, and laws so we may accurately predict and expect future events. Thus, the primary task of our sensory or perceptual system is the integration of all relevant information so our perceptions are consistent with the reality of our environment. (1) The amazing feature of this process is that the complex forms of environmental stimulation are automatically organized in some way. (2) Our awareness deals with a pattern, a representative summary, and not with the detailed observed information. The building of that pattern happens so quickly and automatically that we are unaware of it!

## Perception and the Health Worker

Unfortunately, the perceptual organizing and summarizing functions introduce another source for information loss and distortion. Not only must we allow for loss and distortion due to channel conditions, but also for loss and distortion in the sorting, organizing, and summarizing activities occurring beneath our awareness. How can we minimize or prevent such loss and distortion? What factors influence the way we sort, organize, and summarize?

Thousands of investigations attempting to answer such questions have been performed by behavioral scientists. In this chapter, those findings bearing on the health worker's tasks, needs, and role will be examined. These findings indicate some common perceptual "pitfalls" which can, if not avoided, reduce the health worker's effectiveness and satisfactions.

## Perceptual Set

As previously discussed, individuals are not merely passive receivers of stimulation. In some way, each individual is "prepared", implicitly or explicitly, for certain kinds of input. Thus, "the fate of any input is at least partly dependent on the nature of the preparation." (3) The individual's preparation is the product of many factors and influences. His past experiences, his learnings (formal and informal), his expectations, and the situation all affect an individual's preparation for input at any moment, or, more simply, his "perceptual set" (4).

But what if a person's perceptual set were not consistent with the environmental reality and its inputs? Consider a sprinter who is "on his mark" at the starting line. He is perceptually set for the crack of the starter's gun. Suppose the sprinter had mistakenly not been informed that a buzzer rather than a gun would be used to start the race. What happens to the "gun set" sprinter when the buzzer sounds? Probably he will run the race because he will react to the start of the other sprinters; but the delay in his start will probably put him well back at the finish. If an individual's perceptual set is inappropriate for his environmental reality, like our sprinter's, then he cannot behave in maximally effective ways in that environment.

The above example also has application to the health worker. The health

worker's activities demand that he process environmental inputs accurately in order to isolate, identify, and clarify health problems. At times the activity might be simply a quick, unobtrusive inspection of an apartment. At other times, he might be trying to "read" the actions of an obstructive, uptight bureaucrat. If, in these activities, the health worker uses distorted or minimally accurate information, the actions and solutions he generates will not be appropriate for the task as it actually exists. In fact, they will be appropriate only for the distorted or incomplete analysis made by that health worker in that situation.

## Factors Influencing Perceptual Set

Given the importance of observation and perception for the health worker, what can he do to avoid error and distortion in his information processing? There are no simple rules, but a review of some experimental findings about perceptual set provides some clues and an appreciation for the common pitfalls.

### Explicit Instructions

Instructions intended directly and overtly to manipulate an individual's perceptual set are **explicit instructions**. An early study (5) illustrates the importance of such instructions. A group of cards on which several capital letters were printed was used as stimulus materials. The cards varied in three ways: (1) number of letters, from four to eight; (2) identity of letters; and (3) spatial arrangement of letters. After being instructed as to which characteristic of the three on which to report, the subject was briefly (less than a second) shown a card. This procedure was repeated for each card until the group of cards was exhausted. The results indicated that such pre-exposure instructions facilitated correct reports, even for extremely short exposures. In other words, the explicit instructions created a perceptual set which facilitated task performance.

In the above experiment, the instructions established a single, specific set for each card. An experiment by Bruner and Postman (6) directly compared single- and multiple-set conditions. Pairs of words, arranged so they crossed with a 45° angle between them, were shown for brief exposures. Subjects were run under two kinds of instructions. The single-set instructions told those subjects that one word of each pair would be a color name and the other would not be; they were to identify the color name. The multiple-set instructions subjects were told that one word would be either a color name or a food name and the other neither.

The results demonstrated that the single-set instructions facilitated task performance more than the dual-set instructions did. Also, under the dual-set condition, subjects (1) took longer to make a first meaningful guess, (2) made more errors on those guesses, and (3) had more "no-response" trials than the single-set subjects. Multiple set, in short, appeared to disrupt task performance to some degree.

It has also been demonstrated experimentally that a subject prepared for one kind of stimulus but presented with another, is less likely to detect the presented stimulus than he would otherwise be—like our "gun-set" sprinter and the buzzer.

The lesson for the health worker is that he must be careful about his procedures in making inspections. Ideally, he should determine a list of perceptual sets and should use only one set at a time. In inspecting an apartment, he should look for rat signs, then for bad plumbing, then for

peeling plaster, etc.—a step-by-step procedure—rather than looking for all or some of these conditions simultaneously (as in the experimental instructions to identify color name or food name or neither). By following a planned procedure, a sequence of single sets, he increases his probability of successful detections. However, he will pay for the increased accuracy and detection by having to take more time and by being repetitious.

### Implicit Instructions

There are two major definitions of implicit instructions. First, compared to explicit instructions, implicit ones are given in a less direct and obvious, more covert, fashion. Second, an individual's past experiences and learnings determine probability relations about patterns of stimulus elements and combinations of such patterns. Given a part of a particular stimulus pattern, the individual uses these relations (the regularities, consistencies, and laws previously discussed) to reconstruct—correctly or incorrectly—the total stimulus pattern. In this activity, the probability relations are implicit instructions.

A concrete example of the second definition may clarify the point. Suppose the word quiz is briefly flashed on a screen. All the subject has been told explicitly is that the stimuli will be English words. If he recognizes the first letter as q, he will "expect" the second letter to be u, because in English an initial q is always followed by u. The subject's recognition of u is aided by his implicit knowledge of that high probability relation.

Although there has been extensive research on the relation between implicit instructions and perceptual set, the results are controversial and variously interpreted. There are, however, some lessons for the health worker. First, he should consider how his normal "working assumptions" and experiences may influence his perceptions. Is he seeing a situation as it really exists or as he expects it to exist? To be effective, the health worker must check out his own predispositions, values, norms, and expectancies. He must be aware of the subtle influences they have on his perceptions.

Second, the health worker must develop and expand his pool of experience, his account of probability relations, in order to process his observations more accurately. For example, a sophisticated football fan and a new fan observe a game in similar ways; however, the sophisticated fan "perceives" more of it. The new fan can overcome this deficit by watching more games, by reading about football, and by talking with more knowledgeable fans—in short, by educating himself about football. Similarly, the health worker should educate himself in all aspects of his activities, e.g., the biology of rats, the functioning of agencies related to his own, his interpersonal skills. With a deepened pool of experiences, the health worker will be less likely to use implicit instructions which are inaccurate, inappropriate, or incomplete.

Third, an individual's perceptual set will be partly influenced by his goals, reasons, and needs. In that an individual strives for satisfactions, one way to avoid failure and/or displeasure is not to perceive the conditions which could produce them. If a respected and valued friend tells you he liked a movie, it is easier for you to perceive it as good and thus to maintain your positive feelings for your friend than it would be to dislike the movie and thus threaten the friendship. Maintaining the friendship may be a more important goal than realistically reviewing the movie: personal goals and needs determine implicit instructions.

## Language

An essential tool in most human activities is language, verbal and written. The health worker relies heavily on language and communication skills. To relate to neighborhood people, administrators, bureaucrats, and fellow workers well, perceptions must be accurately, completely, and meaningfully exchanged and shared. Too often the powerful set-inducing properties of language are unknown or ignored.

Benjamin Whorf, a linguist, suggested that an individual's linguistic framework may directly determine or effect his perceptual set. For example, the Eskimo's vocabulary has a separate word for each of three types of snow. English has one word **snow** for all varieties, although modifiers such as **slushy**, **pretty**, or **powdery** may be used. The easy availability of simple, separate names for different types of snow may facilitate the Eskimo's recognition of and perhaps discrimination between them. Though the English speaker is probably able to make the discriminations, he is less likely than the Eskimo to make the spontaneous responses to snow because of the set-inducing properties of his language. "Language, thus, may implicitly influence set, and hence partly shape the individual's immediate perception of his environment." (7)

The health worker must be careful to use language which is appropriate to his immediate task. There is a language for the neighborhood, one for administrators, one for fellow workers, and so forth. Part of the correct use of language is having a deep pool of experience and knowledge to use in communicating. Another part is an appreciation of the emotional and personal components of communication. But essentially the worker must realize that perceptions and language are highly interrelated aspects of his job and his behavior.

## Incongruity

The health worker apparently has a two-fold perceptual task: (1) To locate, in a generally healthy environment, the few signs of unhealthy practices. (2) To determine, in a generally unhealthy environment, the most serious and dangerous conditions. In both cases, the task involves establishing the nature of the context, the environment, the isolating the incongruous, out of context, elements.

An interesting study of the relation between incongruity and perceptual set used incongruous playing cards. (8) These cards had suit and color mixed, e.g., a red four of spades, a black four of hearts. These cards were mixed with normal cards and presented briefly to subjects for recognition. As expected, the incongruous cards were not correctly recognized as quickly as the normal cards.

The errors made in recognizing the incongruous cards pointed up how perceptual set can distort and affect verbal behavior. One of the two most frequent kinds of errors was the **dominance reaction**, i.e., calling a black four of hearts (an incongruous card) either a red four of hearts or a black four of spades (or clubs). The second type of error was the **compromise reaction**, which involves reporting a color which is neither red nor black, but somewhere between the two. For example, a red spade might be called "**brown**," or "**purple**," or "**rusty black**".

An incongruous element is not always easily perceived if its context is very powerful or if it violates one of our implicit high probability relations. Health workers must beware of mis-labeling important features of an environment. He must carefully determine the nature of the environment and investigate the relationship of the parts to it.

## Social Stimuli

Stereotypes are usually thought of as summaries of the essential or salient features of a class of objects or people. Although the stereotype is rarely an accurate description of any individual in that class, it is often so applied. Stereotypes can be thought of as powerful set-inducers. As such, they influence not only how one individual responds to another, but also how one individual actually perceives another. (9)

There are two classic studies on the set-like influences of stereotypes on the first impressions people make. In the first study, (10) subjects were read a short list of traits presumably describing a real person. The list read to one group contained the word **warm**, while the list read to a second group had the word **cold** instead of **warm**. After hearing one of the lists, each subject (1) wrote a description characterizing the person described and (2) picked from a list of pairs of opposing traits the ones best fitting his impression of the person. Results showed the two groups of subjects differed markedly in their characterizations of the “person”: the warm-cold attribute influenced their perceptions and descriptive behavior.

The second study (11) used procedures similar to those of the first, but a real person was introduced into the situation. A class of students served as subjects. The experimenter entered the classroom, told the class the regular instructor would be replaced for the day by a substitute, and then gave them a brief written description of the substitute so they would know what kind of person to expect. For half the students, the substitute was described as “a rather cold person, industrious, critical, practical, and determined.” For the other half, the word **warm** was used instead of **cold**.

The substitute then appeared, taught the class, and left. The students were then asked to give their impressions of the person, both in free, written descriptions and by checking a list of traits. Also, during the class discussion, the experimenter had recorded the number of times each student communicated with the substitute instructor.

The results were like those of the first study. The **warm** subjects described the substitute as “more considerate of others, better-natured, more humorous, and more humane” than did the **cold** subjects. This difference was also revealed in the students’ behavior toward the substitute instructor. The students who had received the **warm** description participated more in the class discussion than those who had received the **cold** description.

When such simple and common stereotypes as “warm person” and “cold person” can so effectively influence perceptual set and descriptive behavior, what are the effects of more powerful, more complex stereotypes? Obviously the health worker will have to investigate his own feelings, thoughts, and behavior to identify, understand, and control the stereotypes he uses (most probably without much awareness of them). Stereotypes are one kind of implicit instruction but they are a very powerful one.

## Avoiding the Pitfalls

Although the pitfalls to effective perception and observation are many and subtle, they can be avoided. Whether the distortion comes from explicit instructions, implicit instructions, language, incongruity, or social stimuli, the task of perceiving well requires a few basic checks.

First, there is no substitute for self-awareness. An individual who observes and perceives well is one who has subjected his own habits, style, goals, and needs to a careful scrutiny. He is able to sort himself out of the information he receives and keep his perceptions “consistent with reality.”

Second, perception, like other skills, requires practice. Knowledge of the pitfalls is not sufficient unless it is put to work identifying, examining, and removing the pitfalls.

Third, constant checking of our perceptions with our fellow workers, families, friends, and others is necessary. Improved perception, particularly of social stimuli, comes only with extensive, well presented, and well received feedback. To perceive well, feedback must be sought out and utilized with skill and diligence.

#### Reference

1. Kendler, Howard H. *Basic Psychology*. New York: Appleton-Century-Crofts, 1963, p. 207.
2. *Ibid.*, p. 184.
3. Dember, William N. *The Psychology of Perception*. New York: Holt, Rinehart and Winston, 1960, p. 273.
4. Kendler, *op. cit.*, p. 217.
5. Described in Dember, *op. cit.*, pp. 274-278.
6. Postman, L., and J. S. Bruner. "Multiplicity of Set as a Determinant of Perceptual Behavior," *Journal of Experimental Psychology*, Vol. 39, pp. 369-377. Described in Dember, *op. cit.*, p. 278.
7. Dember, *op. cit.*, p. 290.
8. Bruner, J. S., and L. Postman. "On the Perception of Incongruity: A Paradigm," *Journal of Personality*, Vol. 18, pp. 206-223. Described in Dember, *op. cit.*, pp. 281, 294-295.
9. Dember, *op. cit.*, p. 301.
10. Asch, S. E. "Forming Impressions of Personality," *Journal of Abnormal and Social Psychology*, Vol. 41, pp. 258-290. Described in Dember, *op. cit.*, p. 302.
11. Kelly, H. H. "The Warm-Cold Variable in First Impressions of Personality," *Journal of Personality*, Vol. 18, pp. 431-439. Described in Dember, *op. cit.*, pp. 302-303.

#### Suggested Readings

Kohl, Herbert. *336 Children*. New York: Signet Books, 1967.

Newcomb, T. M., R. H. Turner, and P. E. Converse. *Social Psychology: The Study of Human Interaction*. New York: Holt, Rinehart and Winston, 1965.

Cantril, Hadley. "Perception and Interpersonal Relations," *American Journal of Psychiatry*, Vol. 114 (1957), pp. 119-127. An abridged form appears in *Current Perspectives in Social Psychology* (2nd ed.). Edwin P. Hollander and Raymond G. Hunt (eds.), New York: Oxford University Press, 1967, pp. 284-291.

# Problem Solving

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Observation and perception are necessary tools for both consultant-trainers and trainees when they attempt to solve problems or to change human actions.

Researchers have placed methods of problem solving into three general categories and developed training approaches for each one. The general categories are reflective thinking, brainstorming and creative insight.

Reflective thinking is represented by exercises which stress problem solving steps and logical solutions.

Brainstorming, of course, involves the rapid verbalization of all solutions which pop into the conscious mind, no matter how wild they seem. Criteria are applied after the solution ideas are produced.

Creative insight has been described variously by many of the great thinkers, and is usually provided for in training designs by instructions to "think about other things" or to "sleep on it". The solution to a problem has often come to people while they have turned away from the problem to other thoughts, or during sleep or immediately upon awakening, but not without much thought on the problem prior to the insight. The subconscious mind, freed from conscious inhibitions, works on the problem until it produces the insight.

The type of problem being solved may have something to do with the effectiveness of the methods used. In one experiment some good ideas were produced for a familiar problem through the brainstorming method, while more good ideas were produced for an unfamiliar problem through the reflective thinking pattern. (1)

Whatever the pattern or method used in problem solving, care should be taken to follow the necessary steps in the problem solving process. Brainstorming without applying criteria would produce no solution, just as reflective thinking would not solve a problem if there were no organized way of looking at the product of that thinking. Group discussion is usually involved in the problem solving process, and the guidelines for good group discussion should also be followed.

The appropriateness of group discussion to problem solution has been described by Maier,(2) who divides problems into three types. Type 1 represents problems for which the quality of the decision is more important than the acceptance of the decision. Such problems, he feels, may be successfully solved by a well-informed leader, in a situation where special knowledge is important. For example, a decision regarding what type of steel to use in a construction project would be of this type. Type 1 problems are expressed as  $\frac{Q}{A}$ . Type 2 problems are those in which acceptance of the decision is of most importance and quality is secondary. Such problems may

be decided by a group of subordinates with the superior acting as group leader. Type 2 problems are expressed as  $\frac{A}{Q}$ . Such a decision might be one wherein the group making the decision contains the people who are primarily affected by the decision such as accomplishing undesirable tasks, scheduling of coffee breaks, vacations, etc. Type 3 problems are those which need both quality and acceptance in their determination and may be handled in one of two ways, leader decision plus persuasive skills to gain acceptance, or group decision plus conference leadership skills to gain quality. Maier emphasizes the latter alternative because it permits the use of a greater range of intellectual resources and produces a high quality decision.

Many group process trainers and practitioners have come to believe that the type 3 problem solving process is most widely used in the area of social relations and that most decisions made in this area should be made through group process. Since not all such decisions can be made in this way, one of the principal skills which a person must develop is the ability to select the method which is most appropriate and effective for over-all goals.

The reflective thinking method of problem solving has been one of the most widely recognized and practiced methods. It is often called the problem solving process.

As used by groups, seven steps in solving a problem have been identified.

1. **Define what your problem is.** In other words, where is it you want to go (your goal)? What do you want to accomplish in relation to the situation in which you find yourselves? Take time to make sure everyone is clear and agreed on the problem before moving on.
2. **Probe for what makes it a problem.** Between where you are and where you want to be is a certain amount of "space". It's strewn with obstacles and pitfalls. Study them one by one. Don't just describe them by saying what they are. Talk about the why, the cause or causes behind the what. Get all the facts that apply.
3. **Search for possible solutions.** Keeping in mind your goal, look for what you can do to get past the obstacles. Encourage everyone to throw in ideas—even far-fetched ones. The goofiest notions sometimes are winners after a little polishing. Reserve judgment and criticism until the next step.
4. **Test the potential solutions.** If you understand your problem well, you can now begin to pick out the most promising solutions. Weight them carefully in light of the facts, not prejudices.
5. **Choose the best solution.** Either by vote or informal agreement, all the members are by now prepared to make an enlightened—and hopefully wise—decision.
6. **Map out a plan of action.** Here you are putting your solution to work. This may be simple, or very complicated. You may have to develop a comprehensive or long-range plan, with "easy stages". It should be a realistic plan, in any case, one that the group stands a good chance of executing successfully. Spread the jobs around. The more people and resources involved in a project, the more energy to get you where you're going.
7. **Take a pause for appraisal.** Constant evaluation (studying how well you are doing and how you are doing it) is as important as any other step. This tells you our progress. And don't be surprised if your appraisal brings out new facts that alter your solution, or even cause you to see new goals. Problem solving—like living itself—is a continuous process.

It is obvious that the steps listed above combine brainstorming with reflective thinking, thus providing a framework for the problem solving process. Social problems probably lend themselves less to a creative insight type of solution as it is a personal experience kind of revelation. Such revelations, when applied to social phenomena, tend to take on religious or philosophical aspects.

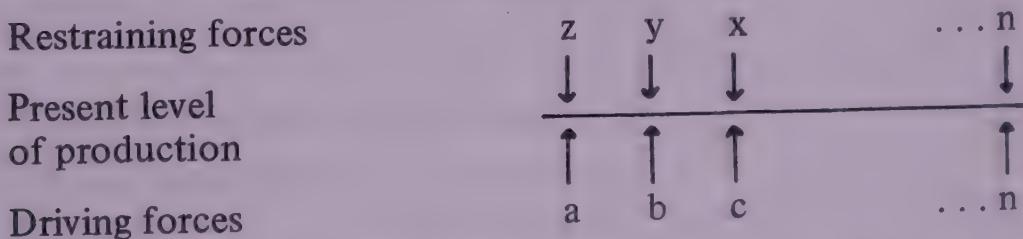
One device that has been found useful in the problem solving process is the Force-Field Analysis, a way of looking at a problem and designing solutions. It is particularly useful in social problems because it lends itself to a balancing-of-forces solution, a requirement for solutions to many social problems. It may be used either on a problem which is very simple or a problem which is very complex.

Kurt Lewin, (3) developer of Force Field Analysis, viewed any particular behavior not as a static habit or custom ("We do it this way because we always have.") but as a dynamic equilibrium of forces working in opposite directions. Behavior persists as present level as long as the sum of the forces toward change are exactly equal to the forces resisting change. The balance is not a fixed or truly stationary one but is what Lewin called a "quasi-stationary equilibrium".

Take, for example, the production level of work team in a factory. If forces tending to raise the level of production (x units produced per day) are equal to the forces tending to lower it, the level remains roughly the same.

In this example, three forces driving toward higher production are "a" pressures of the supervisors on the team to produce more; "b" desire of some of the workers to attract favorable attention from supervisor in order to get ahead; and "c" desire of workers to earn more under incentive plan, etc.

Forces against higher production may be "z" a group standard in the team against "rate bustin" or "eager beavering" by workers; "y" resistance by team members toward accepting training and supervision from management; "x" feelings by workers that the product they are producing is not very important, etc. When these sets of forces are balanced, we have "quasi-stationary equilibrium". Fluctuations are only minor.



The balance can be changed by (1) changing the strength of any force; (2) changing the direction of a force; (3) adding a new force; or (4) eliminating a force. Each action could serve to "unfreeze" the situation. Note that the important thing is to change the balance, not the number of forces. One strong force may counter balance several weak ones.

Several actions could change the equilibrium in our example. Suppose the workers join a union. Unionization may increase the workers suspicion of management, thus increasing restraining force "y". Equilibrium would be unfrozen and production move downward.

In response supervisors may increase their pressures toward production, increasing driving force "a". "Y" may again balance "a" and the situation return to what it was. But the increase in strength of these forces may increase tension. The situation becomes unstable—maybe explosive.

Suppose the product is suddenly in demand because of war. This would

change workers' feelings of its importance. Restraining force "x" becomes a driving force. Production may rise.

Suppose a new force, "d", is added in form of a new supervisor who wins the workers' trust. He finds other approaches to more pressure. These approaches win respect. Desire to make him look good may weaken resistance to management. Production may rise.

Or suppose a new force is added in the form of new opportunity to participate in standard setting. This might weaken restraining force "z", fear of eager beavering.

In similar ways Force Field Analysis might apply to community problems such as increasing the vote, getting more participation in an organization, getting support for city planning, improving intergroup understanding, and bringing in industry.

Lewin (4) suggested that change goes through three stages:

1. "Unfreezing" of present situation by changing balance of forces.
2. Moving to new situation or new level.
3. "Refreezing" at this new level so that change becomes permanent, despite normal tendency to revert to original state.

Several generalizations made by Lewin and his coworkers are important

1. Adding or increasing driving forces can increase tension; removing or weakening forces may be more constructive.
2. Involving people in decisions about "unfreezing" and moving may be one of the best ways to achieve "refreezing".
3. Change which takes into account only one part of a social system may not hold its own against the rest of the systems. Change thus has to anticipate repercussions throughout the system.
4. Force field analysis makes us see behavior in terms of dynamic interplay of forces rather than as a static "given" that never actually exists.
5. Identifying the forces is not enough. We need to know enough about them to know how strong any force is and how susceptible to change. (Sometimes a force may seem to operate in both directions.)
6. The decision for change should contain these steps—
  - a. Diagnosis and understanding the situation we want to change.
  - b. Considering the possible alternatives open to us and choosing the one most appropriate.
  - c. Putting the decision into action.

Too often we skip the first step entirely and only partially consider the second.

## References

1. Bayless, Ovid L. "An Alternate Pattern for Problem Solving Discussion," *The Journal of Communication*, Vol. 17 (September, 1967), pp. 188-197.
2. Maier, Norman, R. I. *Problem Solving Discussions and Conferences*. New York: McGraw, 1963, pp. 18-19.
3. *Toolchest for Community Development Leaders*. Pamphlet No. 1. Carbondale, Illinois: Community Development Institute, Southern Illinois Univ., n.d.
4. Lewin, Kurt. "Frontiers in Group Dynamics," *Human Relations*, Vol. 1, No. 1 (1947).

### Suggested Readings

Maier, Norman, R. I. *Problem Solving Discussions and Conferences*. New York: McGraw, 1963.

*Toolchest for Community Development Leaders*, Pamphlet No. 1. Carbondale, Illinois: Community Development Institute, Southern Illinois Univ., n.d.

# Role Playing

Role playing also involves insights, but at the conscious level. It is an effective method for increasing a role-player's perceptions of himself and of others.

In a role playing situation, people are given certain statuses or positions and then enact a drama based on those statuses. Sometimes the players are asked to play the role as they would if they had a particular status and were in a particular situation. Sometimes the "actors" assume certain roles in the execution of their status tasks to demonstrate the function of various roles.

Role playing is a useful group learning device. It clarifies actions and gives people insights into the behavior of themselves and others; but, it must be used cautiously. Ample time should be allowed for observation and discussion of the role-play situation and its implications. While emotions can be expressed in a non-threatening way in role-play, care must be taken and consideration given to how the technique may affect the person's actual roles and statuses. Without care, adverse emotional reactions may outweigh the learning value of the exercise. The trainer must learn, through experience, how to utilize role-play most effectively.

Klein (1) lists six general uses of role play:

1. To stimulate discussion.
2. To depict a social problem for study.
3. To train in leadership skills.
4. To train in human relations skills.
5. To acquire insight, sensitivity, and awareness.
6. To train in more effective problem solving.

Most people find the procedure for using role playing rather easy and simple. Care must be used to avoid situations which could lead to personal exposures in a kind of psychodrama situation. The purpose of the role playing should be to reveal people's roles, not individuals or their personalities. It is understood, of course, that such role playing may lead to a revelation of the person's understanding of his role. The role may become the subject for discussion after the session; but, the role should be discussed in generalized terms rather than in the personal situation. While the procedure may vary because of the individuality of each situation, common elements will exist.

A useful outline of role-playing procedure has been given by the Adult Education Association.(2) The group with which the role playing is being used should select a problem which the members feel will be a good subject. The trainer should discuss the problem and assist them in deciding on an

appropriate role-playing situation. The group should know just what they hope to gain from the role-playing situation. In designing the situation and all of its details, the trainer must consider the intended end results.

The group, in selecting the players, should assay their ability to handle the roles to be portrayed, their articulateness, and their clarity of expression. Although a person may be adept in understanding a certain role, the exercise will be valueless if the audience cannot understand him. The trainer should guide the selection process since he has observed the behavior of various members of the group and can anticipate the amount of contribution their interpretation of a role will make to a clearer understanding of the situation.

The players need to be briefed both on their roles and how they are to be played, if the latter is a part of the role-play design. Since role-play is commonly used to show the various types of people who are often encountered in groups, a brief description of these types should be given to the persons who will portray them. While the situation should be relevant to the trainees needs, the roles played can be pre-determined so that differences in group members may be demonstrated and methods of coping with the variety of interpersonal problems in groups may be explored.

After the role-playing scene has been introduced and the players are in action, the director must observe the scene and judge the extent to which the activity is achieving its purpose. If there are obvious mistakes in understanding or if interpretation of roles might hinder the effect, the director may wish to intervene and correct the performers. Intervention should occur as infrequently as possible, since it will inhibit the group, or at least embarrass the individual being rebriefed. Sometimes role interpretations which deviate from the definition may serve the same purpose when discussed after the role-playing episode. The director should not interrupt more than once at the beginning to clarify the role definition. Repeated interruptions inhibit the learning process.

The director should know when to end the role-playing situation. Generally, they run too long. A good episode, however, which is making an important point not intended in the original role-play design should not be interrupted as long as the participants and the audience are engrossed in it. The value of the digression may be pointed out in the discussion.

Cutting should be done when (1) enough behavior has been exhibited for the group to analyze the problem it set for itself; (2) the group can project what would happen if the action were continued; (3) the players have reached an impasse because they are either miscast or misbriefed; or (4) there is a natural closing.(3)

During the group's analysis of what happened during the role-play, the director should guide the discussion and keep it concerned with the problems upon which the original design was based. Very often the players discuss other areas which have gained importance because of the role-play. The director must use his judgment in that case and weigh the relative value of what is being pursued and the original problem. The new track may be more important to the trainees than the original problem. If this is the case, a diversion may be made and the discussion brought back to the original problem after the diversion. Such an experience can then be cited as one valuable reason for using the role-playing technique. However, if the diversion is merely discussive or trivial, the subject should be pursued as originally planned.

By giving the role-players the opening part of the discussion to tell how they feel about the roles they enacted, they will lose some of the tensions they built up while acting out of their parts. Then the audience may join in

the discussion.

Neither audience nor the participants should comment on the acting abilities of the performers, unless a friendly group feeling exists and the participants have a joking relationship with one another. In that case, such observations add to the enjoyment of the role play situation, as well as providing a further outlet for tension which occasionally builds up when the training program runs several days.

Following the discussion, the director should summarize what the group has learned through the exercise. He should also point out things which have not come up in the discussion when they are important to the process which was going on in the group. If the exercise's purpose is to demonstrate interpersonal relations or the ways in which groups function, then the director must assume a more active role in interpreting some phases of the individual behavior without embarrassing any group member, so that all may learn from it.

Reissman (4) has shown that role playing is an especially effective tool for learning by the lower socio-economic groups. The tendency for the lower socio-economic people to work things out physically is attributed to their physical work and their preference for talk that is related to action. The use of vivid language, which they commonly use and understand, lends atmosphere to their problem solving activity which carries into the life situation. The learning provided by role playing is not only intellectual but emotional and experiential as well.

**Four reasons why role playing may be more congenial to low-income persons than others as a learning exercise are:**

1. It is a technology that appears much more congenial with the low-income person's style: physical (action oriented, do vs. talk; talk); down to earth, concrete, problem directed; externally oriented rather than introspective; group centered: game like rather than test oriented; easy, informal tempo.
2. It allows the practitioner (social worker, psychiatrist, educator) to reduce, in an honest fashion, the role distance between himself and the disadvantaged individual, who is frequently alienated from him. It also permits the practitioner to learn more about the culture of the low-income person from the "inside" (through playing the latter's role in role reversal, or example).
3. It changes the setting and tone of what often appears to the low-income person as an office-ridden, institutional, bureaucratic, impersonal, foreign world.
4. It appears to be an excellent technique for developing verbalization and verbal power in the educationally deprived person, who is said to be inarticulate. Moreover, it seems to be especially useful for the development of leadership skills. (5)

Role playing, Reissman says, is more congenial to the poor person's need for an informal mood, and need of a content that is more structured. It is useful in reducing anxiety produced through apprehension of threatening situations, such as the job interview. It can also help the professional working with the poor to overcome the problem of distance. Some try to overcome this by adopting the dress, or speech and motion style of the people with whom they are working. This, Reissman, points out, is easily spotted by the poor as being "phony" and has the implication of deception, even in the eyes of little children who are very perceptive.

He recommends, instead, that role playing be used to overcome this "distance" in a more direct and honest way. By assuming the role, in a role-play exercise, of the client's brother, friend, etc., the practitioner will be perceived more directly in relationship to themselves as he can than attempt to change styles of speaking or acting, and can indicate changes in appearance, by slight alterations in clothing such as loosening the tie, removing the coat, etc.

In summary, role playing, originally designed for work in psychotherapy, has gained wide spread usage in a number of social learning situations. It may be used to demonstrate various roles as well as differences in perceptions of roles, and although a basically simple and straightforward device, it should be used with caution, with adequate preparation and discussion afterwards, and should not be used as an entertainment or "between training sessions" break. There are indications that role playing is an especially good instrument to use with low socio-economic groups, as it is action centered and gives opportunity for people to express themselves in ways which are most natural to them.

### References

1. Klein, Alan F. *How to Use Role Playing Effectively*. New York: Association Press, 1959.
2. Adult Education Association. *How to Use Role Playing and Other Tools for Learning*. Washington, D.C.: Adult Education Association, 1225 Nineteenth Street 20036.
3. Adult Education Association, *op. cit.*, p. 17.
4. Reissman, Frank. "Role-Playing and the Lower Socio-Economic Group," *Group Psychotherapy*, Vol. 17 (March, 1964), pp. 36-48.
5. Reissman, *op. cit.*, pp. 36-37.

### Suggested Readings

Klein, Alan F. *How to Use Role Playing Effectively*. New York: Association Press, 1959.

Adult Education Association. *How to Use Role Playing and Other Tools for Learning*. Washington, D.C.: Adult Education Association, 1225 Nineteenth Street, 20036.

Corsini, Raymond J., Malcolm E. Shaw, and Robert R. Blake. *Role Playing in Business and Industry*. New York: The Free Press, 1961.

# Tenant-Owners-Agency Relations

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The Community Health Aide trainer may want to use role-play situations that deal with the relationships between tenants and landlords in the economically depressed areas of our major cities.

In depressed areas of the city, a vacuum exists between tenants and the owners or agents of property. The majority (some estimate 95%) of the tenants in these areas do not have a lease. Tenants learn of an apartment from someone who knows of a family who is moving, or, who has just moved. The family moves in knowing only what the last family paid for rent and that once a week a man named "Joe" or "Mr. Luckey" will come and collect the rent. Sometimes the rent is collected by a resident of the building who is given a deduction on his rent for this service. Other times the rent is collected by a resident who thinks he is buying the property because he signed to buy on a contract. More often than not, this contract is broken and the property returned, with any profits, to the original owner. Should the contract buyer find the rent collected cannot offset the monthly payments and the cost of maintaining the property, not to mention the cost of repairs as ordered by the city, the property reverts back to the original owner who finds then finds a new contract buyer and the process goes on. The residents, seeing no improvements made or violations corrected, move on hoping the next place will be better, which seldom happens. If it does, the rent is higher and the family soon is unable to keep up the weekly payments. Eventually the family is evicted by demands of the owner, a court order, or they move owing several weeks rent. The evicted family has no problem finding another apartment. They go back to less desirable property after agreeing that the rent collector will handle the family source of income, usually a check earned by the family head or a check from the welfare agency. The check is cashed, the rent taken and the remaining cash is turned over to the family. Seldom, if ever, is a receipt issued. The family understands that if it complains about his arrangement or the condition of the building, they will be put out. The only place left to go is an abandoned building.

This, then, is the established, crushing cycle which is far beyond the educational, cultural and economic level of the residents in these areas to cope with. Movement is within rather than out of the area.

It is essential for a community health aide, especially in environmental health programs, to understand this pattern before he tries to relate to either the property owner or the resident.

When a community health aide approaches the property owner, the first thing he usually hears is how the landlord can no longer afford to spend money on the building because the tenants continuously tear it up. Likewise the tenants will tell the community health aide that they see no responsibility for the property because the owner won't fix it up. This type

of owner or tenant is in reality a good prospect to work with for there is the element of "I will if he will." It is the owner who offers no explanation and the tenant who offers no excuse who are the most difficult to work with in bringing about any changes in attitudes or mode of living.

Owners of property may resent pressure or code enforcers, but often are willing to cooperate with the community health aide because he is viewed as a person who can help him with his problems. It is not uncommon for a community health aide to find that the owner is unaware of the many problems existing in his building because the rent collector does not inform him of the true conditions. Many owners, when informed of the objectives of the community health aide program, are willing to take a look at their property and start immediately to make necessary repairs.

For the first time there is a bridge between the property owner and the resident. This bridge enables the community health aide to establish rapport with and confidence of the residents necessary to bring about the desired changes. Since the tenants and owners have a better understanding of each other's problems, both parties become more cooperative. Property owners are not so reluctant to replace windows when they know the residents are going to do a better job of supervising the children who have been breaking the windows. Residents do a better job of storing and disposing of their garbage if the owner provides proper and sufficient garbage cans and good janitor service.

To talk to a family about housekeeping and the use of health services, or of the family responsibility to the property, is an insult and a waste of time if the roof leaks. The obvious and important things as seen by the family must be taken care of first.

Problems associated with residents and property owners are usually a result of attitudes reflecting indifference, lack of knowledge and a lack of appreciation on the part of both parties. The community health aide must realize this and be objective in his appraisal of each situation if he is to bring the two parties to an understanding.

It is very rewarding for the community health aide to see the process develop as he brings the two parties together. The community health aide is exposing the resident to a new way of life which he either did not know existed or one which he never thought could be achieved.

Others are also involved, to a lesser degree, in the task of working with property owners and tenants; however, the unique training of community health aides and the objectives of their program make them more effective. It is estimated that 80 percent of the cases in which the community health aides have been involved have up-graded, to some degree, their mode of living.

Basically, residents want a clean, rat and roach-free place to live. They want some of the comforts available to the other classes of society. Likewise, property owners want to operate their investments at a profit with as little effort as possible in collecting the rent and yet meet the requirements necessary to avoid being reputed as uncooperative, inhumane and a "slum landlord". The community health aide can appeal to those desires of both parties and allow them to be fulfilled.

Governmental agencies are often depicted as indifferent, impersonal, and only interested in protecting themselves. For some segments of the political structure this has unfortunately proven to be true. For many others in the structure, this is an unfair generalization of the "establishment". Regardless, the community health aide must approach his establishment counterpart with care, less he make them defensive and more resistant to helping others.

Likewise, the community health aide could, without intent, demoralize those who are overworked and frustrated by the multitude of problems and human needs for which time, physical and emotional energies, and finances are not adequate to meet these needs. The community health aide must always remember he should not judge the agencies or their staffs; nor can he do their jobs for them. The community health aide often accomplishes more while working directly with an agency staff person than when a formal referral is made from his supervisor. Once a compatible relationship between the two staff persons is established, much of the "red tape" is eliminated and time (which is often an important factor) is saved. This relationship also permits a more personal approach to the problem.

The agencies the community health aide most often works with are those associated with building code enforcement, public assistance, poverty programs, sanitation, providers of health care services and public education.

As a problem solver, the community health aide may spend an entire day visiting and calling other governmental and private agencies.

A case of possible child neglect in a family living in an abandoned building without sanitary facilities could result in the community health aide contacting the public school system, public aid, police department, a church, block club and the county court.

A community health aide will rarely have a productive day that does not involve him to some degree with one or more agencies. The key to problem solving for the community health aide is his skill in drawing on the right resource at the right time. Knowledge of where his responsibility stops, and where the responsibility of another begins is vital if the community health aide is to be effective.

This concept is most difficult for community health aides to grasp, perhaps because of emotional involvement. The supervisor of a community health aide program must be prepared to deal with this difficulty continuously, even though a supervisor may be reluctant to tell a staff person to "back-off" when the aide is pushing an agency to do something the aide mistakenly thinks the agency has authority to do. The community health aide will often believe this attitude of the supervisor and the agency arises from a lack of social consciousness.

All of these agencies likewise call upon the community health aide to assist them in resolving the health problems of families in order to achieve the goals of their respective agencies.

The community health aide must be attuned to the political atmosphere and reality of his own agency and of the agencies with which he works to improve the lives of people in his area. Sometimes politics must be exploited to the fullest; sometimes it must be ignored. The community health aide's philosophy is built upon many factors, including insight and conscious awareness that problem-solving is not always considered by those who can effect change.

Less influenced by politics, but no less influenced by economics, are the voluntary agencies which play an important role in the community health aide's work as he brings forces to bear on improving environment and health services of families in his assigned community. The community health aide must know the community's attitudes toward those agencies which profess some responsibility for the physical and social well-being of the depressed areas' residents.

Many programs have failed because the agency did not involve the residents in program planning, operation and evaluation. The community health aide is able to explain to residents of depressed areas how they can

become involved in these programs and to show how they can benefit from these various programs. Voluntary agencies, in turn, can draw on the community health aide's knowledge and insight, since he is closely associated with individuals who are in need of their services. If the poor are to attain their dreams, whatever they might be, the community health aide must help eliminate poor health as a major inhibitory factor. This aid includes bringing those most in need to the attention of the agencies concerned with tuberculosis control, family planning, cancer control, mental health, diseases related to the heart and the physical crippling diseases. The poor are the ones least aware of these assistance programs.

By being sensitive to the landlord-tenant relations, by understanding the jurisdictional limits of the governmental agencies and by learning how to use the resources of the volunteer agencies, the community health aide can become effective in combating the socio-economic forces which keep many families in abject poverty.

# **Health Problems of Ethnic and Racial Groups**

The effective community health aide needs an understanding for the ways a poor person's views of health are related to his ethnic and racial background and his cultural mores.

"Ethnic" and "racial" are terms which are commonly used interchangably. The term "ethnic", however, generally refers to a group or society which has a common national or geographic origin and shared traditions, social organization and culture. "Race" is a much broader term and indicates quite general physical characteristics which some anthropologists believe are adaptations to various types of environments. The world's three major races are Negro, Caucasian, and Mongoloid. Many sub-distinctions are made within these broad racial categories. For example, many Negro tribes in Africa have quite distinctively different physical characteristics. Caucasians from the Mediterranean are different from those in the northern tundra. Mongoloids exhibit great dissimilarity of characteristics from one area of the East to the other.

People are often differentiated from one another by their nationality, that is, their country of origin. But even within these countries, the people themselves are mixtures of people of different origins. This mixing process has been going on probably as long as man has existed. A Mexican is very often a person of mixed Spanish and Indian origin. But there are many full-blooded Indians living in Mexico who should not be thought of as Mexicans. Quite often, in mountainous countries where tribes are isolated into small endogamous groups, so called because the people choose marriage partners from within the group, the type of ethnic group which exists there is different from the group in the valleys where the lack of physical barriers facilitates migration and intermarriage.

Although the assimilation of various ethnic and racial groups in the world has been of interest to anthropologists for many years, the assimilation of ethnic and racial groups in urban areas is a subject which has only recently received attention. It has been long assumed that the United States is a kind of ethnic melting pot, blending peoples of all nations into a national American type; however, this is disputed by Glazer and Moynihan in their book "Beyond the Melting Pot". "The point about the melting pot . . . is that it did not happen. At least not in New York and . . . parts of America which resemble New York." (1) The various groups do maintain a specific identity over the generations albeit this identity is a changing one. They have some distinctiveness as compared to other national types. They are not uniformly the same, even in the so-called melting pot of our urban areas since within cities, even within neighborhoods, there are differences, sometimes too subtle to notice on first examination, which tend to

influence the life styles of the people. The need for more ethnographic studies of the poor has been stressed by Valentine. (2)

The process by which ethnic groups are assimilated into other cultures is not fully understood. There is evidence that living in an ethnic enclave which is the same as the country from which he migrated, tends to retard the assimilation of the migrant into the receiving culture, while living in the receiving culture tends to accelerate assimilation into that culture. (3) The literature on migrant assimilation into urban culture indicates that a period of from five to ten years is required before effective participation in formal organizations, one indicator of assimilation, occurs. Participation in formal organizations has been used as a measure of the assimilation of urban migrants from both urban and rural areas and is stressed by several authors. (4) Since so many of the difficult-to-serve population in the field of health do not belong to any organization, the relationship between organizational activity and the social isolation of residents is very important. This is true because much of the health education and involvement strategy has been based on the idea of community organization. The hard-to-reach are apparently unaffected by such organizational activity. Minuchin (5) points out that the well-accepted tactics of mobilization and utilization of resources within a deprived community may reach the more socially effective members, but are not likely to reach the disorganized segment. The need for multiple levels of intervention and for an understanding of family systems among this population is great. Kupchik (6) cites some of the reasons for failure to cope with health problems of the poor as "... our concentration on the needs of the upper and middle classes; our failure to try to understand and cope with the mores and behavioral characteristics of minority groups; our overriding emphasis on the home and its physical, chemical, and biological environment rather than the occupants themselves." Leo and Rosen (7) agree, saying "Man is a social being and his health cannot be considered apart from societal context, the institutions, the culture in which he exists." The need to know more about the micro-environment and the individuals who live there is also underscored by Ennes (8) who says, "If the citizen-consumer is to apply constructively the tests of the quality of health care — and if the health of the community is to contribute affirmatively to the reunification of our society, it would seem that serious effort must be made to enhance the capabilities of the individual citizen by presenting opportunities for continuous exploration and involvement."

Assimilation, cultural adaptation, and adherence to particular health practices are closely tied to the quality of health among the hard-to-serve poor, because so many of the poor are from minority races or ethnic groups. Social isolation is also a problem in reaching the hard-to-serve poor.

Life styles, beliefs, and values affect health practices. Not enough is known about these factors. They vary from one ethnic group to another and may vary within ethnic groups, according to neighborhoods. Some understanding of these factors can be acquired by examining briefly what is known concerning the health beliefs and practices of two major minority groups. Cornely (9) decries the lack of health data among the Negro poor. "The health problems of the Negro poor are many, and have been known for a long time. Yet there is insufficient data, as well as a paucity of studies, designed to answer many of the questions confronting us. How can these problems be attacked if the epidemiology is woefully inadequate? The Public Health Service, the universities, and foundations should address themselves to these problems and stimulate interest in finding answers."

Cornely enumerates three of the more important health problems of the Negro. One is the widening gap between Negro and white IQ as measured by standard tests over a 50-year period. Mental retardation, he points out, has been associated with prematurity, complications of pregnancy, low socio-economic status, and lower occupational and educational levels. The third is health concerns of the unskilled and semiskilled worker. The health services received by these workers is obtained from two sources: charity wards and clinics, and private care by overworked and harried general practitioners.

Cornely considers the training and use of nonprofessional health aides or community health aides of great import to the Negro community. He is concerned that "Development and expansion of needed neighborhood community health services have been handicapped by increasing shortages of trained personnel, and the major difficulties of reaching, motivating, and involving the people in the neighborhood who need services."

Watkins, (10) in a study of low income Negro mothers, found that health workers who are concerned with motivating women in this socio-economic group must improve their techniques for helping mothers to understand the dangers of health hazards during pregnancy and to trust medical care which prevents the effect of such hazards. "Provision of medical care in such a way as to convey concern for the individual is recommended as an approach to the teaching of health promotion and protection aspects of prenatal care," Watkins says.

A recent study of lower income Negroes by Gallagher (11) shows that they are concerned with immediate health problems rather than future ones, that they have a general positive attitude toward health and toward the health personnel who are responsible for operating the health clinic facility, and that the decision to use a health clinic is not associated with the race of those who staffed the facility. He recommends that preventive programs be combined with other programs which meet and satisfy some immediate need.

Among Puerto Ricans, Berle's (12) well-known study of 80 families in New York City showed

1. Particular religious beliefs affect attitudes toward medicine. In some cases the spiritualist may have more influence than the physician.
2. Environmental problems and especially unemployment related to a high incidence of illness. A low incidence was found where parents were able to work.
3. An understanding of the potential strengths and weaknesses in family member relationships may help to define therapeutic goals more realistically, when working with a particular family.
4. Observations suggest that for the Pureto Rican families studied, social and familial aspects of housing are equally as important, if not more so, as the physical aspects.
5. Face-to-face contacts are needed for communication with Puerto Rican migrants. Intermediaries who are thought to know their way around are often utilized by them.
6. A general maladaptation syndrome, associated with individuals subjected to chronic anxiety and frustration, is one of the maladies of Puerto Ricans diagnosed as schizophrenic at state hospitals.
7. A type of nervous reaction known as "ataque" is widespread among the Puerto Rican population and represents a popular and conventional reaction to overwhelming catastrophe.

The examples from these two groups may serve to highlight the health problems among the lower socio-economic ethnic and racial groups. The problems of cultural differences in these groups and the need to take these differences into consideration is underscored by a number of writers. Wellin (13) points the need to "... chart local culture in terms useful to public health" and the fact that it "depends on such things as the type of program, the particular culture area, and the extent of cultural differences between health team and public." Suchman and Alksne (14) find that "One has to be aware that each community presents a different kind of problem, and you can't apply a rule book without taking these differences into account." They found that experience in non-Western cultures demonstrates the wisdom of using the values and attitudes underlying the current method or practice of the group. "One must know something of the group's conceptions of health and disease, the ways they perceive illness, who in the community is responsible for care of the sick, preferred method of treatment, etc." Probably the most important tool a public health worker can have in relating effectively to another cultural group is an awareness of his own cultural values, they conclude.

#### References

1. Glazer, Nathan and Daniel Patrick Moynihan. *Beyond the Melting Pot*. Cambridge, Massachusetts: Massachusetts Institute of Technology Press, 1963.
2. Valentine, Charles. *Culture and Poverty*. Chicago, Illinois: University of Chicago Press, 1968.
3. Weinstock, Alexander S. "Some Factors that Retard or Accelerate the Rate of Acculturation, in the Specific Reference to Hungarian Immigrants," *Human Relations*, Vol. 17 (November, 1964), pp. 321-340; and Heiss, Jerold. "Factors Related to Immigrant Assimilation: the Early Post-Migration Situation," *Human Organization*, Vol. 17 (Winter, 1967).
4. Omari, Peter Thomas. "Factors Associated with Urban Adjustment of Rural Southern Migrants," *Social Forces*, Vol. 35 (October, 1956); Zimmer, Basil G. "Participation of Migrants in Urban Structures," *American Sociological Review*, Vol. 20 (April, 1965); Windham, Gerald O. "Formal Participation of Migrant Housewives in an Urban Community," *Sociology and Social Research*, Vol. 47 (January, 1963); and Bell, Wendell, and Maryanne T. Force. "Urban Neighborhood Types and Participation in Formal Associations," *American Sociological Review*, Vol. 21 (February, 1956).
5. Minuchin, Salvador, Braulio Montalvo, Bernard G. Guerney, Jr., Bernice L. Rosman, and Florence Schumer. *Families of the Slums*. New York: Basic Books, 1967.
6. Kupchik, George J. "Environmental Health in the Ghetto," *American Journal of Public Health*; Vol. 59, No. 2 (February, 1969).
7. Leo, Patricia A., and George Rosen. "A Bookshelf on Poverty and Health," *American Journal of Public Health*, Vol. 59, No. 4 (April, 1969).
8. Ennes, Howard. "A Crisis of Conscience in Health Care," *American Journal of Public Health*, Vol. 58, No. 10 (October, 1968).
9. Cornely, Paul B. "The Health Status of the Negro Today and in the Future," *American Journal of Public Health*, Vol. 58, No. 4 (April, 1968).
10. Watkins, Elizabeth L. "Low-Income Negro Mothers: Their Decision to Seek Prenatal Care," *American Journal of Public Health*, Vol. 58, No. 4 (April, 1968).
11. Gallagher, Martin Paul. *A Study of Health Attitudes of a Lower Socio-Economic Urbanized Negro Population in Relation to the Use or Non-Use of Local Health Centers*. Ann Arbor, Mich.: Univ. of Mich., 1966, doctoral dissertation.
12. Berle, Beatrice B. *80 Puerto Rican Families in New York City*. New York: Columbia University Press, 1958.
13. Wellin, Edward. "Implications of Local Culture for Public Health," *Human Organization*, Vol. 16, No. 4, pp. 16-18.
14. Suchman, Edward A. and Lois Alksne. "Communication Across Cultural Barriers," *American Catholic Sociological Review*, Vol. 22, No. 4 (1961), pp. 306-313.

#### Suggested Readings

Kupchik, George J. "Environmental Health in the Ghetto," *American Journal of Public Health*, Vol. 59, No. 2 (February, 1969).

Leo, Patricia A., and George Rosen. "A Bookshelf on Poverty and Health," *American Journal of Public Health*, Vol. 59, No. 4 (April, 1969).

Ennes, Howard. "A Crisis of Conscience in Health Care," *American Journal of Public Health*, Vol. 58, No. 10 (October, 1968).

Cornely, Paul B. "The Health Status of the Negro Today and in the Future," *American Journal of Public Health*, Vol. 58, No. 4 (April, 1968).

Berle, Beatrice B. *80 Puerto Rican Families in New York City*. New York: Columbia University Press, 1958.

Wellin, Edward. "Implications of Local Culture for Public Health," *Human Organization*, Vol. 16, No. 4, pp. 16-18.

Suchman, Edward A., and Lois Alksne. "Communication Across Cultural Barriers," *American Catholic Sociological Review*, Vol. 22, No. 4 (1961), pp. 306-313.

# **Social Isolation, Anomia, Alienation and Resignation**

Ernest K. Alix, Ph.D.

Why does the greater proportion of the urban slum population following undesirable environmental sanitation practices exceed that of the residents in higher socio-economic areas? One of the popular explanations is that they don't know any better. For those genuinely interested in the reasons behind such statistics, the "They don't know any better" response raises the question "Why don't they know any better?"

Although social and behavioral scientists have not found a single, complete answer to this query, several sociologists, psychologists, and anthropologists have uncovered pieces of the answer. In this brief chapter, these pieces will be presented so that health workers can use these tentative findings and determine for themselves whether the findings help health personnel become more effective in alleviating environmental sanitation problems.

A useful perspective resulting from the social scientists' inquiries into the question of why urban slum dwellers do not have desirable environmental sanitation habits is the social isolation perspective. Basically this perspective consists of four propositions:

1. Desirable environmental sanitation practices are part of the normative system of conventional society. For persons reared and living in middle-class neighborhoods, desirable environmental sanitation practices are more-or-less second nature.
2. The norms of conventional society are learned. No one is born knowing the expected and approved ways of behaving.
3. The norms of conventional society are learned, primarily, through conventional social participation, by interacting with persons holding the conventional norms. We learn the expected and approved ways of behaving by being around persons who know and follow the norms.
4. Isolation from conventional social participation interferes with learning conventional norms and, since desirable environmental sanitation practices are part of the conventional normative system, with learning and adopting desirable environmental sanitation practices.

Slum residents are isolated from conventional social participation as many social/behavioral scientists have shown. (1) Social isolation has been variously described as being

1. The state of mind of one who has been pulled up by his moral roots.(2)
2. Spiritually sterile, responsive only to himself, responsible to no one. (3)
3. Lives on a thin line between no future and no past. (4)

4. Simply down-and-out, run over by life, "invisible," joyless, miserable, quietly desperate. (5)
5. The feeling that the world and oneself are adrift, wandering, lacking in clear rules and stable moorings. (6)
6. A sense that community leaders are detached from and indifferent to his needs. (7)

Knowing that slum residents are socially isolated is of little help, in itself, to health personnel. It is necessary, if one wants to improve environmental sanitation practices of the socially isolated, to know more about this phenomenon.

Do all slum residents become isolated in the same manner and/or for the same reasons? Are there different types of social isolation? If there are different types of social isolation, is there need for different helping strategies to deal with the different types of social isolates? The findings concerning social isolation suggest that the answers to these questions are: No, all persons do not become socially isolated in the same manner or for the same reasons. Yes, there seem to be different types of social isolation. Yes, different types of helping strategies would seem to be called for in dealing with different types of social isolation.

Social and behavioral researchers suggest that there are at least five types of social isolation with each type developing from a different obstacle to conventional social participation.

#### **Type I: The Anomic Isolate**

Anomia is defined as a psychological state characterized by confusion about norms for governing behavior, as characterized by the phrase "the feeling that the world and oneself are adrift, wandering, lacking in clear rules and stable moorings." (8) Social isolation of the anomic type apparently arises out of ignorance and/or confusion about norms. The anomic isolate may not have any set of norms by which to live. Desirable environmental sanitation practices, being a part of conventional norms, are likely to be unknown to the anomic isolate. This individual may indeed not follow desirable environmental sanitation practices because he doesn't know any better. His life is haphazard in most, if not all, aspects. (His environmental sanitation practices are likely to be based upon convenience.) If it is most convenient to leave garbage on the sink and when it piles up to push it off onto the floor, this is what is done. Knowing little, if anything, about rats, a live-and-let-live attitude toward rats is likely to be most convenient.

#### **Type II: The Resigned (Attached) Isolate**

The resigned isolate, in the attachment sense, is the individual who is isolated from conventional norms because he is resigned to a competing set of norms, which in terms of environmental sanitation practices, may be at variance with the conventional practices. Unlike the anomic isolate, (the resigned (attached) isolate does have a set of norms to live by.) It is just that these happen to be the norms of an unconventional subculture. The resigned (attached) isolate tends to be found among populations who have migrated to urban slum areas from domestic rural areas or from urban or rural areas of other countries, e.g., Appalachian migrants, American Indians, Puerto Rican immigrants, etc. In terms of environmental sanitation practices, such individuals have frequently been reared in a culture with practices differing from the practices recommended by health officials. Migrating to urban

areas, the migrant usually moves into an area populated by persons from "back home," which perpetuates his cultural practices. Although living in an urban area, his life style closely resembles its pattern before he moved to the city. If "clean dirt" was an accepted way of treating wounds back home, the migrant is likely to use the same remedy to treat rat bites in the city. By adhering to back-home norms, the migrant receives approval and support from his neighbors and contributes to the preservation of the subculture. By so doing, however, he remains isolated from conventional society. Thus, even if the migrant does know about the conventional environmental health norms, these norms are strange. He receives little support for following them from the group and, therefore, is not likely to abandon the back-home practices for the conventional practices.

#### Type III: The Resigned (Accepting) Isolate

Another type of social isolate is the resigned isolate in the acceptance sense. Resignation in this sense is defined as a social-psychological state which arises as an adaptation to failure and which once having emerged tends to operate in such a manner as to make the individual extremely resistant to change. (9) Because of past experiences, usually of a chronically frustrating and disheartening nature, the individual becomes resigned and accepts the way things are, i.e., resigned to the *status quo*. Having experienced a life of failure in the past, experiencing failure in the present, the resigned isolate foresees little, if any, chance for improvement in the future. Although things are bad as they now exist, the individual realizes that he can live with them; and, rather than disrupting the present situation by planning for improvement in the future (which his past experience renders unrealistic), the individual attempts to maintain things as they are. His resigned orientation makes him extremely resistant to change of any type. Anything that might involve change tends to be viewed as a threat. Given this orientation, the health worker is likely to be responded to in this manner: 'My grandmother lived with rats; my mother lived with rats; I live with rats; and my children will live with rats. Nothing's going to change so why bother?' The health worker's task is much different when faced with this type of isolate than when faced with either of the other types above.

#### Type IV: The Alienated Isolate

The alienated in the isolation sense are those who assign low reward value to goals or beliefs that are typically highly-valued in the given society. (10) Alienation in the isolation sense may be equated with rejection. (11) The individual has been rejected by society, so he in turn rejects society. Because of adverse experiences with conventional society, experiences which, in his opinion, were negative through no fault of his own, the individual withdraws his support from the conventional system and its norms. He sometimes substitutes antithetical norms.

For example, a slum resident's only exposure to the desirable environmental sanitation practices for rat control may be through a landlord who used the existence of rats in the apartment as an excuse for evicting the tenant. From this experience, the tenant blames the "system" for "making" him live in a rat-infested slum, condemns the norms of the system as hypocritical and exploitative; withdraws his support from the system; and reacts very negatively toward the system and its representatives, including environmental sanitation personnel. The alienated isolate poses a different problem for the health worker than do the other types of social isolates.

## Type V: The Intellectually Deficient Isolate

Whereas the health worker may be perceived as a stranger, a representative of a competing normative system, or even a threat, by the other three types of isolates, the alienated isolate probably sees him as an enemy.

The intellectually deficient isolate differs from the previous types primarily in terms of the cause of his isolation. Whereas anomic, resigned (both types), and alienated isolates predominantly result from social experiences, the intellectually deficient isolate develops from more personal-centered factors. [The intellectually deficient isolate doesn't know the conventional norms, including desirable environmental sanitation practices, because of a general and chronic disability to learn. This disability could result from a mental deficiency, a severe emotional deficiency, or an almost total lack of formal education.]

Although the lack of education might at just a glance seem to be considerably less serious than the other causes, the lack of education renders an individual largely incapable of coping with our complex society. (12) The prognosis for helping the intellectually deficient isolate would seem to be more pessimistic than for the other types of social isolates. Whereas the source of anomic, resigned, and alienated isolation is social, about which something might be done by social action and helping programs, the source of intellectual isolation is personal, about which little, perhaps, can be done except by clinicians.

The identification of each type of isolate and the development of strategies which will change his behavior will require both experience and study. No handbook of tried and tested helping strategies which are geared to these particular types of social isolation is available yet for the health worker, although research along this line is presently underway.

## References

1. Bell, Wendell. "Anomie, Social Isolation, and the Class Structure," *Sociometry*, Vol. 20 (June, 1957), pp. 105-116. Ephraim Harold Mizruchi. "Social Structure and Anomia in a Small City," *American Sociological Review*, Vol. 25 (October, 1960), pp. 645-654. "Comments," *American Sociological Review*, Vol. 27 (1962), p. 93.
2. MacIver, Robert M. *The Ramparts We Guard*. New York: MacMillan, 1950, p. 84.
3. *Ibid.*
4. *Ibid.*
5. Nettler, Gwynn. "A Further Comment on 'Anomy,'" *American Sociological Review* Vol. 30 (1965).
6. McCloskey, Herbert and John H. Schaar. "Psychological Dimensions of Anomy," *American Sociological Review*, Vol. 30 (February, 1965), p. 19.
7. Srole, Leo. "Social Integration and Certain Corollaries: An Exploratory Study," *American Sociological Review*, Vol. 21 (December, 1956), pp. 709-716.
8. McCloskey and Schaar, *op. cit.*, p. 19.
9. Lantz, Herman R. and Ernest K. Alix. *A Study of the Relationship Between Resignation and Performance in a Job Retraining Program*. Washington, D.C.: U.S. Department of Labor, Division of Manpower Administration, 1968 .
10. Seeman, Melvin. "On the Meaning of Alienation," *American Sociological Review*, Vol. 26 (October, 1961), pp. 758-777.
11. Hajda, Jan. "Alienation and Integration of Student Intellectuals," *American Sociological Review*, Vol. 26 (October, 1961), pp. 758-777.
12. McCloskey and Schaar, *op. cit.*, p. 26.

### Suggested Readings

Clinard, Marshall. *Anomie and Deviant Behavior*. Glencoe, Illinois: The Free Press, 1968.

Davis, Kingsley. *Human Society*. New York: The MacMillan Company, 1949.

Jaco, E. G. "The Social Isolation Hypothesis and Schizophrenia," *American Sociological Review*, Vol. 19 (1954), pp. 567-577.

LaPiere, R. T. *A Theory of Social Control*. New York: McGraw Hill, 1954.

# **Change and Conflict**

## **Change**

Much of the community health aide's work is of a personalized interview type involving a person-to-person relationship. This one-to-one relationship means not only that one person is talking to one person, but also that each person has his own position. As a health worker, the aide takes a position based on certain values and beliefs concerning environmental health practices. The person being interviewed by the aide may not hold these attitudes. He may not subscribe to the standards which the aide holds. Initially, they are in opposition.

This initial situation must be changed to one in which both parties feel mutual concern about the problem. The aide begins by a general feeling of concern for the person and a desire to share his problems. To achieve his goal, the aide often has to demonstrate concern for problems of immediate concern to the slum-dweller, even though these problems may not be directly related to environmental health practices.

As William Biddle has pointed out, in order to develop trust and credibility, the friendship extended to the resident must be genuine. (1) Simple persuasion through a "line" of talk or a charming delivery may bring about initial changes, but the probability is that such change will be temporary. The field of advertising offers some good examples of change brought about by simple persuasion. Although an advertising campaign may be very successful in getting people to change brands of toothpaste or cigarettes, the continued use of the new brand may depend largely on the degree of repetition of a message. Such simple persuasion works for a little while, but does not last very long. Researchers analyzing the audience effects of World War II films designed to persuade people of the necessity of fighting the war, found that while the films increased knowledge of what was going on, they did not increase motivation very much. Other problems of the use of mass media exist, as Godfrey Hochbaum has pointed out. (2)

Various levels of influence may be exerted on people. One is compliance whereby a person does something because someone tells him to do it. This is the traditional role of the enforcement agency. Another level is identification. A person does something because he likes the person making the request or because he identifies with him in some way. A third level of influence is internalization. At this level behavioral change occurs because the person sees the value of the new way of behaving, or a new way of approaching a problem, rather than because he was forced to or because he is trying to please someone. Internalization is the strongest of the three influences and produces the longest-lasting changes.

The degree of attitudinal strengths in the person with whom the CHA is

working is important. When attitudes are shifting or in conflict, the situation may be "ripe" for intervention. This is a kind of readiness for change which can work toward the fulfillment of the goals desired by the change-agent. If a person is anxious to improve himself or wishes to become a member of a group that has goals similar to his, he may be said to be ready for change. Many of the people the CHA will be working with will not have this kind of readiness for change, and part of the CHA task will be to create it.

If the CHA can help the individual to visualize new ways of behavior or if he can create a goal that the individual can see as holding importance for himself or his children, resistance to change will be lowered. The CHA may be able to have the individual try out the new activity, or pattern of behavior. Success is reported by CHAs in helping mothers to try out a system whereby the children assist in the approved environmental health practices. Such new involvements can not only bring about change in behavior but also increase the cohesion of the family unit.

Feedback as a method of facilitating change can be very effective when the person receiving the feedback really desires it. Feedback refers to the giving of objective information regarding the consequences or effects of an individual's behavior. It should be non-threatening and, as far as possible, non-judgmental. It is not only difficult to get good feedback, but it is difficult to give it. The reason feedback is so difficult to accept is that it affects our ego and tends to be threatening. The kind of relationship between two individuals where feedback can be given and received without too much threat to either individual is extremely helpful because in such a situation each individual can look objectively at his behavior and try to make changes which will make him more effective. CHAs should practice effective feedback with one another.

Another barrier to change is conservatism. People have a tendency to remain stable. One society in the south Pacific which has been affected by a number of invasions, German, Japanese, American, changes very rapidly and adapts to each new culture. Another society may be very resistant to change and will not try out any of the new cultural innovations. An example in the United States is the Indians of the Southwest. The Pueblo Indians have maintained their own civilization for literally hundreds of years. This does not mean that they do everything the way they did 300 years ago, but they still maintain their communities, their families, their social structure much as they did before the white man's arrival. Their whole value system and method of operating is still based on the system that existed before the coming of the Spaniards. Not much is known about why these cultures differ in adaptation, but indications are that it is tied in with the society itself. The cultural factors, the ways in which the people of a society learn to relate to one another, the way in which they learn goals and achieve them, are integrally related to the way in which they may or may not change in later life.

Other barriers to change are social isolation, discussed in the section on "Social Isolation, Anomia, Alienation and Resignation," and cultural barriers, some of which are discussed in the sections on ethnic groups and the culture of poverty. Some other aspects of individual change are treated in the sections on motivation and the concept of help.

### **Conflict**

There are many ways in which conflict may be classified. Those which appear most useful to the Community Health Aide programs are interpersonal and small group conflict. The interpersonal conflict aspects of the

work apply to such areas as aide-tenant, landlord-tenant, landlord-aide, supervisor-aide relationships. Small group conflicts might center about agencies, neighborhood organizations, and volunteer groups.

Conflict may be seen as having positive value when it is used constructively to clarify positions, ideas or information. Constructive conflict leads to dialog or discussion, for which there are well established ground rules which may lead to effective conflict resolution. The setting for the resolution of conflict may be formal or informal; it may be a group setting or an interpersonal setting.

A health agency may find itself in a conflict situation in either of two ways; directly with other agencies or organizations or in a relationship to organizations in conflict. One of the better-known recent conflict situations involving health and other city agencies, as well as community groups, has been the battle over fluoridation. This battle has provided a laboratory for study of conflict in health issues. Other innovations in health practices, including the promotion of environmental health practices, have also resulted in conflict.

After reviewing a number of case studies, Coleman (3) described four categories of conflict: economic, power or authority, cultural values or beliefs, and personal attitudes toward persons or groups in the community. Usually a combination of these factors is involved. Utilizing procedures for tapping group resources, the administrator and the health aides may analyze community conflict situations to which they must relate and then attempt to resolve the conflict or find a new basis for action.

The possible actions for a group involved in community controversy as outlined by Coleman (4) are:

1. The members identifying strongly with the group will attempt to influence other members and increase group consistency enough to allow action.
2. If action of some sort must be taken, but the group cannot take united action, cleavage of the group may result.
3. If the group can withdraw from the issue, the group may take no position.
4. If the group is divided, its members may attempt to bring the two sides in the controversy closer, so that a position consistent with member alignment will be possible.

It is important in such situations that the health aides and the administration do not take sides in internal conflicts when they are working with an organization. They can, however, assist members to clarify and resolve issues in a constructive way. One of the most constructive ways for a city agency to help is to disseminate accurate information or clarify information which has been erroneously interpreted. A health agency, with a tradition and reputation for honesty and accuracy, is particularly effective in this regard, but only in matters with which it would normally be concerned.

Although conflict in the community often leads to polarization of two or more groups into hard-line positions, as Coleman (5) has pointed out, there is also a large number of people who take a moderate position or who hold no position. This large group of moderates or neutrals provide a basis for preventing destructive controversy and, perhaps, for resolving the conflict. Such moderates and neutrals may prevail on the leaders in conflict situations to arbitrate their differences and thus resolve the conflict.

Some of the forces tending to reduce community conflict are noted by Franklin and Warren. (6) These include:

1. Community values which may countenance controversy but not countenance fierce conflict.
2. The fact that most issues are not one-sided, and most people, though partisans, can see a little of the logic of the "other side."
3. The fatigue of high emotionalism — one simply gets tired of hating intensely and continuously.
4. Pressures from outside the community.
5. Cultural values which favor compromise, give-and-take, cooperation.
6. The intervention of mediators.

In tasks involving conflict, members of the group take on responsibilities not only for solving the problems but also for maintaining the group. The latter responsibility thus helps to hold the group together, eases tensions, reconciles individual differences, etc. Groups may exhibit such functions as problem solving and maintenance alternately. The assistance of the CHA in such situation can usually be well directed toward the maintenance functions, enabling the group to be functional enough to attempt to solve the problem.

#### References

1. Biddle, William W. *Friendship Must be Genuine*, Community Development Bulletin, Vol. 3, No. 2 (May 1966). New York: United Presbyterian Board of Missions, 475 Riverside Drive 10027.
2. Hochbaum, Godfrey M. "Modern Theories of Communication," *Children*, Vol. 7, No. 1 (January-February, 1960).
3. Coleman, James S. *Community Conflict*. New York: The Free Press, 1957.
4. *Ibid.*
5. *Ibid.*
6. Franklin, Richard, and Roland Warren. *Community Conflict and Its Resolution*. YMCA Organization Development Training Project, 1963 (mimeo).

#### Suggested Readings

Coleman, James S. *Community Conflict*. New York: The Free Press, 1957.  
Franklin, Richard and Roland Warren. *Community Conflict and Its Resolution*. YMCA Organization Development Training Project, 1963 (mimeo).  
Kreitlow, Burton W., E. W. Aiton, and Andrew P. Torrence. "Controversy in the Community," *Leadership for Action in Rural Communities*, Interstate Publishers and Printers, Inc., Danville, Illinois, 1960, pp. 147-159.

# The Culture of Poverty and Cultural Deprivation

Empathy is an important tool in building the interpersonal relations which help change a person's behavior. Since empathy is based upon understanding a person, those working with the urban poor need to be well grounded in the culture of poverty.

"The culture of poverty" and "cultural deprivation" are terms which are used frequently when speaking of the poor, but often without a very clear idea of what they are supposed to mean. The idea of a "culture of poverty" was first developed by Oscar Lewis, an anthropologist, in his description of the life of five Mexican families. (1) The term was used extensively and broadly by Michael Harrington in *The Other America*. (2) There has been much discussion and argument regarding the idea since that time. Lewis refers to a "subculture of poverty" as the more accurate term by which he designates a type of culture which is to be found in many different countries and within ethnic and geographic groupings. (3)

This subculture of poverty, he says, "... tends to grow and flourish in societies with the following set of conditions:

1. A cash economy, wage labor and production for profit.
2. A persistently high rate of unemployment.
3. Low wages.
4. The failure to provide social, political and economic organization, either on a voluntary basis or by government imposition, for the low-income population.
5. The existence of a bilateral kinship system rather than a unilateral one. (4)
6. The existence of a set of values in the dominant class which stresses the accumulation of wealth and property, the possibility of upward mobility and thrift, and explains low economic status as the result of personal inadequacy or inferiority."

Lewis explains that in such a subculture the institutions which middle-class persons take for granted, such as banks, hospitals, department stores, museums and art galleries, are used very little. The people are aware of these things as they are aware of middle-class values, but these are not the things they live by. Time orientation is toward the present, with needs being immediate and calling for immediate gratification.

With such an orientation, consensual marriage may provide a better method of family rearing than civil or religious ceremonies and ties, even though the latter may be held as the ideal. Lewis points out, "To men who have no steady jobs or other sources of income, who do not own property,

and have no wealth to pass on to their children, who are present-time oriented and who want to avoid the expense and legal difficulties involved in formal marriage and divorce, free unions or consensual marriage makes a lot of sense. . . . Women feel that consensual union gives them a better break; it gives them some of the freedom and flexibility that men have. By not giving the fathers of their children legal status as husbands, the women have a stronger claim on their children if they decide to leave their men. It also gives women exclusive rights to a house or any other property they may own."

One of the main aspects of the subculture of poverty is the task of participation in formal organizations. There may be temporary groupings or voluntary associations, but these are not geared to control over the environment or resources of the neighborhood or community in which the people live. Some sense of community may exist in such neighborhoods, and a certain amount of *esprit de corps*.

Childhood is not a long, protected stage of life for the children in this subculture of poverty. Rather, such things as early initiation to sex, strong sibling rivalry, competition for material goods and maternal affection are predominant. Wives and children are frequently abandoned, or consensual unions may change with some regularity.

The individual is described as having a feeling of marginality, helplessness, dependence and inferiority. Strong belief in male superiority coupled with intense dependence on maternal support and maternal relatives is the rule. Provincialism, local orientation and little sense of history are other traits Lewis ascribes to the subculture of poverty.

Not all poor people, however, are classes as members of the subculture of poverty by Lewis. "When the poor become class-conscious or active members of trade union organizations, or when they adopt an international outlook on the world, they are no longer part of the culture of poverty, although they may still be desperately poor." He gives examples of materially poor people who do not have a subculture of poverty, among them many preliterate or tribal peoples, the lower castes of India, and the Jews of eastern Europe.

It is evident that Lewis is using the term "culture of poverty" in a very special sense. It is a useful concept. It means that certain life styles, which Lewis has described, are being handed down from generation to generation. Although there is much room for argument in the concept, much misunderstanding has arisen in an attempt to apply the term to the poor generally. However, there does not appear to be any one description that will apply generally. The term "culture of poverty" is a difficult one to use for a number of reasons, one of which noted previously being that the term really means "subculture of poverty." This in turn implies that the term refers to life styles in contradistinction to a predominant life style, which means that certain ways of living which are taken for granted by the majority of people are different or absent for other subgroups. Since the term "culture" has come to designate factors which are present and operating in a group in a positive and sustaining manner for the group, the use of culture with negative connotations is, perhaps, more difficult for us. But it is particularly this lack of positive factors associated with human development which Lewis underscores in his "culture of poverty" concept. Lewis clarifies this and sums it up in one short sentence and a play on the words of his own phrase when he says, "Indeed, the poverty of culture is one of the crucial aspects of the culture of poverty." Perhaps the term "cultural deprivation" expresses this idea more precisely.

Lewis' concept is helpful in understanding some of the differences in poor populations, and some of the problems involved in attempting to overcome poverty. Some volunteer workers assigned to work with the rural poor have been puzzled by their own feelings in regard to the families they are assigned to work with. These families often exhibit qualities of solidarity and an enjoyment of life on a non-material basis which may be missing in the volunteer's own life, and they question whether they should attempt to change these people's lives. Such thinking, of course, equates poverty with a simple, idyllic life. Poverty, as Lewis points out, has many faces, and particular kinds of poverty may have their own particularized values, some of which may be the same as those which we ourselves hold.

We can be alert to observe differences in types of poverty and types of poor populations, which will give clues as to how to assist in ways that are meaningful not only to ourselves but to those whom we are trying to help. We can then better assess our own values and their pertinent meanings in the situations which we are trying to change.

Exception has been taken to Lewis' concept of a culture of poverty, not so much on the basis of its validity, but of its misinterpretation, by another anthropologist, Charles Valentine. (5) Valentine argues that the inference of cultural handicaps from the demographic data on the poor is not necessarily valid. He suspects that varying cultural forms may be operative under the surface of the statistics. But, as one reviewer has pointed out, such cultural forms which result expressly from adaptation to poverty, may be maladaptive when conditions change and opportunities become more common. Valentine stresses the need for ethnographic research on the poor using such methods as observation, participation and informal interviewing. Such works as Eliot Liebow's *Tally's Corner* and Herbert Gans' *The Urban Villagers* are representative of such an approach.

A further extension of the misunderstanding surrounding the culture of poverty concept is that it is sometimes used to justify only one approach to the problems of the poor, that of rehabilitative services, to the exclusion of the idea of giving the poor an opportunity to receive more money through job opportunities or other means. This is a false argument, for if we are to make any fairly rapid progress in eradicating poverty in this country, the causes of poverty must be removed, and the effects of poverty must be corrected. There is need for both programs, one to correct what poverty has wrought, and the other to rid society of poverty.

In regard to health as a cultural item, we are in an area which has some universal value. Universally, health is valued and sickness deplored. It is within the culturally diverse area of means to healthful living and the avoidance of sickness that the work of the community health aide is cut out. In the United States it is clear that incidence of disease and sickness is high among poor peoples. Some of the reasons for this which might contribute to the "culture of poverty" concept are being found in nutritional studies, particularly in regard to the nutrition of the mother during certain key periods of pregnancy. (6) Others relate to the nutrition of the growing child in certain critical life periods. Just as the "culture of poverty" is a cycle which is very difficult to break because of its transference from parent to child, so the chain caused by poor nutrition would be even more difficult to break.

#### References

1. Lewis, Oscar. *Five Families: Mexican Case Studies in the Culture of Poverty*. New York: Basic Books, 1959.

2. Harrington, Michael. *The Other America*. New York: Macmillan, 1963.
3. The source for what follows and the quotations are from Oscar Lewis, *La Vida, A Puerto Rican Family in the Culture of Poverty - San Juan and New York*. New York: Random House, 1965, pp. xiii-lv.
4. A unilineal kinship system defines descent through a line of either males or females, but not both. Including ancestors of one sex through several generations, the descent group forms a lineage or clan. Generally speaking, a unilineal descent group has stronger bonds because of fewer numbers of recognized relatives and emphasis on the generations, which provides a unity through time and a focus on certain individuals, whereas a bilateral descent group presents relatives on both the male and female side who may or may not play an important part in the life of the individual.
5. Valentine, Charles A. *Culture and Poverty*. Chicago, Illinois: University of Chicago Press, 1968.
6. Rodman, Hyman. "Why the Poor are Poor," *Science*, Vol. 161, No. 3842 (August 16, 1968), pp. 675-676.

#### Suggested Readings

Harrington, Michael. *The Other America*. New York: MacMillan, 1963.  
Valentine, Charles A. *Culture and Poverty*. Chicago, Illinois: University of Chicago Press, 1968.

# The Concept of Help

Robert C. Child, M.A.

Beginning with his first breath, man needs help in coping with his environment. Thus, no one is a stranger to the concept of help. We help our children, wives, friends and neighbors, just as they help us.

While the term "help" is used interchangeably with the words "aid" and "assist" the subtle differences in meaning are crucial for the community health aide. An incorrect perception of the helping concept can result in ineffectiveness and failure for the aide.

All three words describe the process of giving something that the recipient needs. For the process to be complete, the receiver must accept that which is offered, whether it be advice, information, money or a job.

The term "help" is the strongest of the three in implying an advance toward an objective. For example, young newly-weds often need help in finding an apartment. Once a place is found, that particular need has been eliminated.

The term "aid" implies strength helping weakness. This implication is most pronounced in the term "public aid." This word triggers certain psychological reactions in both the donor and the recipient.

The term "assist" implies the person giving the assistance is taking a secondary role in the situation. The recipient retains the predominant role in this relationship. The subordinate position implied by the use of "assist" creates a more favorable psychological climate in which to work than that which is created by the use of the word "aid," with its ego-bruising implications.

Approaches to helping the needy will vary according to whether the helper sees the situation as requiring aid or assistance. On an aid-assist continuum, the helper can dominate the situation or he can allow the person being helped to dominate it.

Aid

Donor-Dominated

Assist

Recipient-Dominated

Determination of which portion of the continuum is appropriate to specific situations must, of course, be made by the community health aide on the basis of many factors including personalities, experiences and knowledge of the cultures involved.

In designing the strategy of help, the aide should consider that

- a. While persons are in need of help, certain life styles may cause some to need more help, more frequently than others.
- b. Our society generally supports the principle of extending help to a person in obvious need; need that is recognized by the helper, the

helped, and the onlooker. The style of help used in such situations is usually some form of direct and immediate action.

- c. Offering help when a person doesn't think he needs help usually results in the helper being rebuffed by the person to whom help is offered.
- d. The helper can use a number of styles of help, but some are better than others in a given situation. Trial and error may be necessary to find the most effective styles.

**Some of the styles of behavior or approaches to a helping relationship are:**

- a. Using direct action, action taken by the Helper and resulting in a direct relationship between the Helper and the Help Object ( $H \rightarrow HO$ ).
- b. Recommending, which compares the plight of the Help Object with pertinent experience by the Helper. These experiences generate recommendations from which the HO will select one recommendation for implementation ( $H \rightarrow R^1 \rightarrow R^2 \rightarrow R^3 \rightarrow R^4 \rightarrow HO; HO \rightarrow R^2 \rightarrow Action$ ).
- c. Questioning, which involves the Helper asking questions which are relevant to the situation and which are designed to assist the HO develop insight into his current problem. Users believe that if insight is created, the HO will then move to action-problem solution in a manner appropriate to his needs ( $H \rightarrow Q \rightarrow Q \rightarrow Q \rightarrow Q \rightarrow HO; HO \rightarrow Insight \rightarrow Action$ ).
- d. Stating, in which the Helper shows the HO he has a need he wasn't aware of before ( $H \rightarrow S \rightarrow HO \rightarrow Awareness$ ).

These styles of help are all legitimate. Each has a value in specific situations, either individually or in combination. To be effective, the Helper should know these styles, know when to use each, have some practice in their use, and build them into his repertoire.

## **Perception and Help**

Underlying effective help is the manner in which the Helper perceives himself and others. This perception depends upon the intent of the Helper toward the person to be helped. If this intent is geared toward the realization and exploitation of the personal growth potential which exists in individuals, then the Helper will likely be perceived by the Help Object as helpful, thus actually proving to be helpful in most situations. This intent pattern can be generally characterized as Rogerian. Rogers' doctrine holds, generally, that man is in a constant state of learning and development and, at a given moment, acts or reacts as the product of experiences in his total environment.

The Helper is basically an action person: he will attempt to combine the meeting of immediate needs within an experimental learning situation for the Help Object. He is an action person, however, only when he has determined his direction for action in a given instance. He makes this determination on the basis of the things which he finds, discerns, or uncovers in the environment of the people with whom he is working. He is concerned, not only with helping an individual see the relationship between such things as filth and roaches or rats, but also with the barriers which may be blocking basic understanding of the problem.

In the framework above, the Helper is Rogerian in that his actions are based on a determination which ideally is the result of a total testing of the environment of the individual family or person with whom he is working. This concept is the basis of the helping relationship, a relationship which

is predicated on doing whatever appears necessary to a given situation, but, at the same time, maintaining a constant concern for the dignity and functional social literacy of the individual who is being helped. (1)

The alternative styles of offering help or being of service are a major part of the relationship since the helping relationship is either abetted or aborted, by the approach the Helper selects, among alternative approaches, the one which best fits the situation.

It is a truism that many alternative styles of behavior can be used by individuals in meeting differing situations; but in terms of actual behavior, people's patterns are largely fixed, especially in terms of response to human need.

The effective Helper is one who, either through an initial sensitivity, through training, or a combination of these circumstances, will withhold judgment in a given instance, until a sufficient amount of data from the environment have been collected to support an appropriate decision. The Helper who can withhold judgment, who can give attention to the environment, and who has at his command a number of comfortable ways of reacting to human need situations is the person most likely to respond in an appropriate fashion to human needs.

The Helper should be able to analyze a situation and decide whether postures of cajoling, friendliness, threat, officious behavior, humor, explanation, directive or non-directive types of reactions will be most effective.

Also important in the effective helping relationship is the Helper's expertise in areas of technical knowledge including, for the Community Health Aide, such things as specific public health programs, building codes, laws affecting tenant-landlord relationships and the various roles played by and services offered *through* social agencies in the community. Not only knowledge of the technical considerations in these fields, but also an understanding of how these things work, who makes things happen, and how things get done in the total environment, is necessary for effectiveness.

In summary, the effective Helper is a generalist in the broad field of human relations, but a technician in terms of the knowledge of the elements of literate social functioning and a teacher or conveyor of these skills to others.

## Self-Reliance

A major factor in our nation's accelerated social concern is the dichotomy existing between how needs are perceived by the persons who are experiencing them and how those needs are identified by other persons. If the goal of the essentially "outsider" Helper can be generally viewed as supporting the growth of self-reliance in individuals and family groupings, then a beginning will have been made in developing problem-solving strengths in the people to whom help is being extended. If self-reliance can be enhanced at the individual and family levels, corporate extension may follow. (2)

Teaching the problem-solving method constitutes a great part of the Helper's work. He must, in effect, build a new psychology which is the opposite of the negative-behavior-inducing, self-fulfilling prophecy. (3) The Helper needs an optimism, about the almost limitless potential of human development, which is tempered by the knowledge of the barriers to such development.

To solve problems, people must care about them. This is the benchmark which the Helper seeks to discover. (4) He tests for the depth of concern and he builds on what he finds. The role of the Helper involves a "personal"

approach, one in which tact and restraint is exercised, and an appreciation of the differences between individuals. The Helper functions in a number of ways, bringing landlords and tenants together, acting as conciliator, mediator, and advisor.

The dimensions of the Community Health Aides' role as a Helper can be explored in terms of the kinds of activities in which they engage. They move in rapidly on problems of malnutrition or other serious health matters. They offer housekeeping advice to tenants and assist them in finding landlords or others to whom they can pay rent. Encouragement is extended in the creation of a climate for a willingness on the part of landlords to provide physical improvements to buildings and, on the part of the tenants, to clean up buildings. They assist landlords by suggesting ideas on how to communicate effectively with tenants, how to collect rents, and how to encourage sanitary practices. They help tenants find new, more suitable housing, and they support building and fire inspectors in developing data for use in legal actions against owners of unsafe or dilapidated buildings. The aides act as facilitators, in bridging the chasm between landlord and tenant, between tenants and the administrators of schools, social centers, agencies, and other institutions. They function not only as facilitators, but as organizers and coordinators as well. Perhaps, most importantly, they provide a great potential for reaching the long-term goal of developing a sense of individual problem-solving adequacy. (5)

## References

1. Rogers has described this involvement: ". . . a helping relationship might be defined as one in which one of the participants intends that there should come about, in one or both parties, more appreciation of, more expression of, more functional use of the latent inner resources of the individual." Rogers, Carl R. *On Becoming a Person*. Boston, Massachusetts: Houghton Mifflin Company, 1961, Chapter 3, "The Characteristics of a Helping Relationship," p. 40.
2. Although he is concerned principally with the establishment of new institutions in support of black independence, the remarks of W. H. Ferry can be extended to all disengaged people who are seeking the intimacies of total involvement: "But what blacktown *most* wants, whitetown cannot confer. Blacktown wants independence and the authority to run its own affairs. It wants to recover its manhood, its self-love, and to develop its ability to conduct a self-reliant community . . . It wants the experience of self-reliance, that highest of whitetown's virtues, with all its satisfactions and pains. Ferry, W. H. "The Case for a New Federalism," *Saturday Review*, June 15, 1968, p. 15.
3. The population of the lower social-economic classes are in the unenviable position of bearing a large number of such prophecies. "The self-fulfilling prophecy is, in the beginning, a *false* definition of the situation evoking a new behavior which makes the originally false conception come *true*." Merton, Robert K. *Social Theory and Social Structure*. New York: The Free Press, 1957, Chapter 11, "The Self-Fulfilling Prophecy," p. 423.
4. Many explorations have been made of the relationship between the degree of concern about problems and the eventual solution of those problems by the persons experiencing them. A popular rendition of theoretical findings in this area is J. H. McPherson's *Care, Commitment, and Involvement*. Midland, Michigan: The Pendell Company, 1966.
5. The theory of self-initiated learning identifies qualities such as those exhibited by the aides in carrying through their role: ". . . a profound trust in the human organism . . . sincerity, realness, absence of a facade . . . able to accept the whole student—to prize him as an imperfect human being with many feelings, many potentialities . . . genuine confidence in the capacity of the human

organism . . . the ability to understand . . . reactions from the inside . . . concentrates on creating a facilitative climate and on providing resources." Rogers, Carl R. "Learning to be Free," *NEA Journal*, March, 1963, p. 29.

#### Suggested Readings

Rogers, Carl R., and B. F. Skinner. "Some Issues Concerning the Control of Human Behavior," *Science*, Vol. 124, No. 3231 (November 30, 1956), pp. 1057-1066.  
Gibbs, Jack. *Is Help Helpful?* New York: Association Forum and Section Journals of the Association of Secretaries of the YMCA's, 291 Broadway 10007.

# Motivation- Participation

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Many factors contribute to a person's motivation toward a particular type of behavior. These factors may be psychological, cultural, or environmental. One factor is attitude. Some of the research in this area indicates that most of our attitudes are formed before we reach the age of six. Attitudes molded in childhood are very difficult to change as the individual grows older. Community health aides need to remember that behaviors, attitudes and feelings, elements by which motivation is measured, are not always what they seem to be. They are not always what they seem to be to an observer and not even what they seem to be to the actor himself. What a man does; why he does it; and what he thinks or feels at the time that he is doing it are related, but not always in a simple, straight-forward, conscious way. Because direct satisfaction is not always possible, solutions to intra and inter-personal problems are frequently characterized by devious and complicated connections between underlying motives, conscious states and overt behavior. As a result, the conscious or apparent reasons for an act may not be the "real reasons".

Certain preconditions are necessary if knowledge or information is to contribute to motivation and participation. The community health aide can easily pass out knowledge or information about sanitation and rodent control. This does not mean, however, that the information alone is going to change anything. The reader or listener may have no aversion to unsanitary conditions. If sanitation is valueless to the person, change would not occur. Values are tied in very closely to the person's experience as a child and the society in which he grew up. A person who grows up among an Indian group on a reservation in the southwest, will have different values than someone who was born into a group in Chicago. The way in which his home group reacted to its environment, the kinds of associations it had, and the values that it held create a value system which are difficult to change.

Some things do change and we have some knowledge of how they change. When a person gets new information about the consequence of an action, his attitude may change. The aide may tell the person that if they have unsanitary premises, they will have rats and the rats will cause sickness. This may change the person's attitude. Another possibility is that the person's attitude may be directly changed through reward or punishment. His actions may change to support his new attitudes. This is the basis of our criminal codes, the idea that reward and punishment will change the individual's attitude toward offenses against society.

Certain conditions of being a member of a group facilitate change in the individual. When a person is solidly in a group and feels very strongly that he belongs to a group, then he will pretty well change as the group feels that

it is important for him to change. This is characteristic of street gangs as well as other groups. When the group tends to support or encourage a change in the individual, he tends to change. This tendency is important for those who work in neighborhoods, blocks or apartment buildings. If behavioral change is being urged upon an individual and there are a number of people who are supporting this change in various ways, the probability that the person will change his behavior increases. On the other hand, if everyone in the apartment house or block is saying that a change is not a good idea, it is very likely that, even if you were able to change that person's behavior, he would soon revert to his original pattern.

A procedure which is very important to attitude and behavior change is discussion followed by group decision. Given some of the conditions of group support mentioned above, if there is discussion with a group decision, the effect on behavior and follow-through in behavior can be very noticeable. This is an important strategy in small group work. Very often, a small group in a block, building or neighborhood meet so that they can work together and have a chance to make a decision as to what they want to do, to make this decision on their own and to follow through on it. Experiments on this method indicate that changes in food habits, ideas that people hold about their supervisors or their employers, and health habits can be changed. Follow through on the change is better than the obtained through lectures or even personalized interviews.

Motivation may result from individual participation in groups, but sustaining participation is another task. There are no simple solutions, but several things should be remembered.

1. It's important that a potential participant see himself somehow connected to the project or enterprise. He has to have an interest, or "feel" the problem personally. He needs to identify with the project and understand that its accomplishment will solve some problem which he holds in common with others.
2. People are more inclined to participate when they want to, rather than when they ought to. Descriptions of a project should not threaten a prospective member. Instead, they should emphasize what he will gain and what he can contribute.
3. People participate in community activities for a variety of reasons: to gain recognition or status, because everyone's doing it, because of a sense of belonging to the community and wanting to contribute to its welfare (and one's own welfare), because of discontent with "the way things are".
4. People refuse to participate in the community's affairs for several reasons: because they don't have time (or don't think they do), because of feeling inferior and inadequate as a result of past failures and frustrations, because of a sense of not really belonging or being wanted, and because of a lack of personal involvement in the community and its destiny.
5. Many individuals in communities—perhaps half or more of the population—simply have never seen the necessity of citizen participation.

When citizens are participating and the group is accomplishing something, it is important to follow some basic guidelines which will help to legitimize the group's activities and make it a trustworthy vehicle of change.

1. Fact finding and information gathering both by the citizens themselves and by professionally competent personnel. Surveys and studies by

experts are needed, but there is also a need for the "man in the street" to become better informed by finding things out for himself. Such information gathering on the part of citizens under some guidance from those in the field, can help cut the role of dependency of the average citizen on "expert information" of which he is often uncritical, and may help reduce the general tendency to rely on authoritarian statements and utopian molding.

2. **Communicating of the information to the general public as well as to the members of the particular committee or group sponsoring the action.** This may seem a rather obvious point, but it is sometimes violated by the withholding of part of the information which may not appear favorable to the preconceived action. In an article on communication, Dr. Godfrey Hochbaum states "Programs to educate the public cannot afford to neglect the use of mass media, but neither can they afford to rely entirely on them for communication, for the mass media possess some inherent shortcomings and even risks." (1) Again, mass media alone should not be relied on for feedback.
3. **Discussion of the information among all groups and feedback of the discussion to the committee.** It is very rare to find civic issues discussed with adequate information available. Sometimes discussion in large meetings is attempted but usually results in informal speeches expression opinions on a subject, rather than on informal discussion of the facts. Such discussions need to be carried out in small groups. When community affairs are discussed by informed citizens, the results should be transmitted to those who are planning or acting on the matter. It is rare to have this happen in an organized manner.
4. **Problem solving methods which will include the use of information gathering, feedback and discussion.** The expert survey with recommendations for action is familiar to all, and these reports gather dust on shelves of many city halls and chamber of commerce offices. It is a mistake to believe that such surveys constitute the solving of a community problem. Decision making should be based on public involvement and public knowledge of the decisions and the manner in which they were reached.
5. **Testing of the decisions against the reality represented by those who were not involved directly in the making of the decision.** This is generally not provided for in our democratic society unless some group makes a special effort to see that it is done.
6. **Action based on objective fact gathering and intelligent decision making.** Information which is useful to making community decisions must be objective. The chairmen of citizens committees should not be those whose area of activity is being studied, although such persons should act as resources to the committees. Intelligent decisions must be based on full knowledge of the alternatives for action and the probable results of such action.
7. **Recognition on all levels of involvement as to what the action has accomplished and how its successful accomplishment relates to the processes described above.** Those who have been working on a project and have devoted their time and energy to it, need not only to feel a sense of accomplishment, but also to understand which objectives were reached and how they were reached. It is necessary that they understand the method by which they reached their goals, so that they may gain

skills in democratic decision making and action. This is often difficult to achieve because, as Adrian (2) points out, power figures in a community often assume the credit for community actions which appear to have a favorable outcome. Executive leadership can help to make certain that recognition of a high degree is given to all who make a contribution to the program, especially to individuals who have displayed new or formerly unused talent in community affairs.

8. Continuation of the process throughout the community. It is not enough to rely on democratic methods of procedure only when convenient or when all other methods fail. They must be practiced from day to day so that all may gain skills in the practice of democracy.
9. Continuing evaluation as to the use of all the above listed methods. Periodically it is necessary to examine and review the way in which we are operating, to determine if we actually are doing the things we say or believe we are. Ideas for democratic participation easily turn into formulas which become rituals devoid of the original motivation. Today it is easy to see examples of people going through the motions of democratic participation without any real democratic participation taking place. We may help democracy work by frequent examination of what we are doing and how we are doing it so that improvement in participation, skill, and values may result.
  - To effectively carry out a program in a community under democratic processes requires some skill and insight on the part of those initiating it. It is a problem which requires several kinds of knowledge concerning leadership, organization, communication, social psychology and other fields.

#### References

1. Godfrey M. Hochbaum, Ph.D. "Modern Theories of Communication," *Children*, Vol. 7, No. 1 (January-February, 1960), p. 16.
2. Adrian, Rossi, Dahl & Rodwin. *Social Science and Community Action*. East Lansing, Michigan: Michigan State University, 1960, p. 5.

#### Suggested Readings

Adult Education Association. *Training in Human Relations*. Washington, D. C.: Adult Education Association, 1225 Nineteenth Street, N.W. 20036.

Kelman, Herbert C. "Compliance, Identification, and Internalization: Three Processes of Attitude Change," *Journal of Conflict Resolution*, Vol. 2, No. 1 (1958).

# **Leadership and Community Power Structure**

The concept of leadership has changed considerably in the past generation. Leadership was commonly thought of as particular talents of an individual. The words used to describe leaders have become political cliches, such as brave, strong, courageous, forthright, upstanding, truthful, and resourceful. Although some persons may possess qualities which attract a large number of supporters, these qualities may be pertinent only to that particular time and circumstance. A few persons have charisma, that undefinable combination of attributes which enables them to sway large masses of people to their way of thinking.

How do people identify their leaders? Hollander (1) lists three kinds of qualities relevant to a person's perception of leadership. These are:

1. The perceived competence of the individual, broadly conceived in terms of the group's specific task at the time.
2. The adherence of the individual to agreed upon procedures; that is, what he does to demonstrate his identification with the group.
3. His personal characteristics or attributes which are perceived as valuable for their own sake, though they may contribute somewhat to the group's functioning.

The first two factors seem to be of most significance. The last one would come under the category of personal charisma.

People now recognize that leadership is connected with a particular place and time, that is, to a particular situation. Good generals may not make good presidents. A good corporation president may not make a good university president. The important question in this view of leadership is what function does the leader perform. It is not concerned with a static list of traits. Since abilities which are required in a particular group situation may be present in different members, leadership may be shared. Indeed, it must be shared in order for it to be most effective.

Some common qualities of leadership appear to be evident. One of these is ability to communicate. But even this ability is not a quality that is persistent for all times and all places. A supervisor who has good communication with his subordinates may not be able to communicate at all with a group in the ghetto. Another quality which would seem to pervade the leadership pattern would be perception and observation, especially of social phenomena. A leader must be socially perceptive. But here too, there are differences of time and place. The successful ward politician may not be able to perceive a larger social entity such as a state or a nation. Some who can perceive the socially potent factors on the national level may not be able to operate on the neighborhood level.

The idea of situational determinism of leadership and the concept of shared leadership bring us to the realization that almost everyone may exercise leadership to some degree. Therefore, the importance of the individual and his contribution to the group gains in significance, a fact which accounts for much of today's emphasis on group process and new concepts in management. (2) One of the more important aspects of leadership today is the ability of the individual to contribute to the group process, thus assisting in the productive functioning of groups. People working with groups need to understand individual behavior in groups and how such behavior affects the group's activities, its orientation to action, and its probability of successful action. Group leadership has become an important concern of management and is an area for special training. Although this subject is widely accepted, it has not been adequately studied to determine the particular ways it can be subtly manipulated.

Although it is important to know leadership theories and how they are translated into practice, the reality of leadership acceptance or rejection may be varied not only by the situation but also by the ethnic, racial or geographic characteristics of the groups. Some ethnic groups look to leaders who are good speech-makers; some look to a leader who maintains good inter-personal relations; and another looks to strong leaders who make decisions for them and command disciplined action. Such differences may be modified by various pressures. A government regulation requiring the participation of consumer groups in health planning, for example, may change the leadership style of a group which has been operating on a business corporation model of decision making. The required involvement of the poor in planning for various kinds of services may change the affected group's leadership model by causing them to reject the strong leader and adopt the participative leadership model.

The two poles of leadership types are democratic and authoritarian, or "open" and "closed" leadership. Both extremes have their advantages and disadvantages. The most obvious problem in democratic leadership is the inability of the leaders to act quickly in a time of crisis. This can be interpreted as weakness in any particular situation and may result in a lack of confidence in the organization and its leaders.

Authoritarian leadership often resorts to secret decision making and the withholding of information. Although it does have the ability to make quick decisions, it may not have used all of the resources available to it in making those decisions. Authoritarian leadership has a strategic advantage over other groups and its own membership group, in that it knows what the next move is before it is made. Opposing ideas, however, are often suppressed, thus generating frustration and suppressed conflict. When such conflict does erupt, it may be violent and directed against the authoritarian leaders.

The disadvantages of authoritarian and democratic leadership have been listed as follows: (3)

#### **Disadvantages of Authoritarian Leadership:**

1. It often leads to dissatisfaction and rebellion.
2. It does not provide for the development of the members of the group.
3. It does not provide for perpetuation of the group.
4. It does not utilize the full resources of the group in arriving at decisions.
5. It often squelches initiative and originality on the part of the members.
6. It is costly and sometimes fatal for the leader to err.
7. It is not acceptable to highly trained persons.

8. It does not consider the worth and dignity of the individual.
9. It does not usually build morale which is essential for loyalty to the cause.
10. It often selects leaders on the faulty basis of heredity, influence, position in the community, etc., who prove incapable of meeting the demands of leadership.

#### Disadvantages of Democratic Leadership:

1. It might easily lead to the monopolization of the discussions by one or two members of the group.
2. It requires more skill on the part of the leader.
3. It may allow a very vocal minority to dominate a passive majority.
4. It is sometimes difficult for people who are not accustomed to group work to accept the ideas of others, even in the light of evidence, when these ideas are opposed to their own.
5. It is not easily used when a large number of people are involved. (It should be noted that democratic participation can be effected even when large numbers of people are involved, through the use of group process and group discussion techniques described elsewhere in this manual.)

We have examined the concepts of leadership both as traits of persons and as individual resources of persons in particular situations. Power structure in a community is often thought of as the possession of wealth, prestige, or position of influence. Power structure studies are often based on some kind of hierarchical rating of leadership figures in the community.

One qualification of power which may be left out of community power structure studies is "power to do what?" The implication for power in such studies is usually quite broad, but in particular events power may take the form of sanctions, or approval of some community project or issue. There is a difference, however, in the scope of power in each instance as limited by the context of the community situation. Students of community power sometimes speak of individual power as if it were fixed on a scale from zero to infinity, whereas, in a particular community, at a particular stage of that community's growth, decline, or equilibrium, in a specific situation, the power rating for any individual or group is neither zero nor unlimited.

Formal studies of power structures usually follow one of two approaches. One is the power elite school which analyzes the community power structure from the standpoint of reputations for leadership. The other school analyzes community power structure from the standpoint of event analysis, that is, who prevails on community issues and why. (4) It is unlikely that any public agency will formally study the power structure; but, the agency and its representatives, especially aides working in neighborhoods, will always be informally studying the power relationships, from both the reputational and the event-analysis points of view. The health aide, because of his task and role in the neighborhood, will be an informal participant-observer. He may obtain a good deal of information from neighborhood residents concerning perception of leadership roles and observe shifts or attempted shifts in leadership positions. This experience might not give the aide a precise ranking of power figures, but he may come to know who the power figures are, to what extent they may influence decisions, and the areas in which their interest for influencing decisions might lie. When calculating the intentions of power figures and in evaluating the consequences of actions by power figures, the question must be asked, "Power to do what?" Time

sequences, particular individuals, particular situations, and many other factors tend to limit or extend power in the community. Skill in reading and interpreting these limits and boundaries, a skill traditional to the politician, is necessary for the aide if he is to understand community interaction. (5)

The event analysis technique of power structure study has some commonality with the situational approach to leadership. The situation is looked at from the standpoint of who is involved in controlling power and why. Such questions cannot be answered in depth without a broad knowledge of the community or neighborhood in which the event occurs. Knowledge of people in the area and the way in which they relate to one another is important.

The more militant organizations are utilizing social science methods to study power structures in their communities and neighborhoods. (6) Through this knowledge they hope to gain power and become a new part of the local power structure.

It should be pointed out, however, that the identification of local leadership is no simple matter, and that comparisons of leadership patterns as identified by different people in the same community may reveal variations. The traditional methods of power structure study tend to identify three types of leaders, according to Freeman. (7) The reputational type leaders who are revealed by studies of reputation, position or organizational participation are institutional leaders, but they are not active in community affairs. These institutional type leaders may lend prestige or legitimize solutions provided by others.

The second type of leader Freeman identifies are the effectors who are found by leadership studies of participation. Government personnel and professional persons are among the most active effectors, while representatives of private corporations directed by the institutional leaders make up the rest. In the Syracuse study, the data showed that such effectors are often making decisions on their own, although they may be guided by what they consider to be company policy.

The third type of leader identified by Freeman are the leaders which he calls the activists. These are the people who are active in and hold office in voluntary organizations, community service organizations and clubs. These activists participate in decision making, although not as often as the effectors. Such activist leadership in a community is identified through studies of social activities. "Activists... gain entry by dint of sheer commitment, time, and energy," Freeman points out. (8)

Freeman goes further in his analysis of the results of the power structure study at Syracuse and suggests that the different techniques of studying power structures will not always yield the same results, but will differ according to the situation, which may include differences in the time of the study.

A better understanding of the variables involved over time and space in the interpretation of local community leadership may be gained through an examination of Hollander's (9) description of the perception of leadership mentioned earlier.

Status describes the relationship of an individual to certain others and their attendant behavior toward him. Therefore, as Hollander points out, interpersonal perception is a necessary part of this process. "... status is not a sole and stable function of some given feature of social interaction between two particular individuals. Cross-pressure of time and place affect the balance." (10)

Summing up the history of research on leadership, Hollander says:

"Thus it is seen, several viewpoints have been held concerning leadership and followership: first, a search for characteristics of the leader on the supposition that there is some universality among these; second, a concern with group-emergent leadership where popularity among followers may be of significance; third, a focus upon situational factors that determine, or program, the demands made upon leadership and for leadership; and finally an interest in the more subtle interplay of motives and perceptions between followers and their leaders." (11)

Hollander questions the pyramid model for leadership. He emphasizes that the qualities of followership, which are present to some extent in leaders, is a basic quality which the leader must possess in order to be accepted by followers as a leader.

### Reference

1. Hollander, E. P. *Leaders, Groups and Influence*. New York: Oxford University Press, 1964, p. 11.
2. For example see Douglas McGregor's *The Human Side of Enterprise*. New York: McGraw, 1960.
3. Kreitlow, Burton W., E. W. Aiton and Andrew P. Torrence. *Leadership for Action in Rural Communities*. Danville, Illinois: Interstate Publishers and Printers, Inc., 1960, pp. 90-91.
4. Elias, James E. *A Comparison of Power Structures in Two Southern Illinois Communities*. Carbondale, Illinois: Master's Thesis, Southern Illinois University, 1962, p. 10.
5. There have been numerous power structure studies published in the past 15 years. These studies fall into several categories. The reputational technique is represented by such works as Floyd Hunter's *Community Power Structure*. New York: Doubleday, 1963; the positional approach by C. Wright Mills' *The Power Elite*. New York: Oxford University Press, 1956; and the event analysis technique by Robert A. Dahl's *Who Governs?* New Haven, Conn.: Yale University Press, 1961.
6. A recent publication distributed by the SDS and other groups including some church groups, gives strategies for studying the community and attempts to explain some of the intricacies of the establishment. It is titled, *Where Its At* and is published by the New England Free Press, Boston, Mass.
7. Freeman, Linton C. *Patterns of Local Community Leadership*. New York: Bobbs-Merrill Co., 1968, pp. 41-42.
8. *Ibid.*, p. 42.
9. Hollander, *op. cit.*
10. *Ibid.*, pp. 17-18.
11. *Ibid.*, pp. 19-20.

### Suggested Readings\*

Dahl, Robert A. *Who Governs?* New Haven, Connecticut: Yale University Press, 1961.

Freeman, Linton C. *Patterns of Local Community Leadership*. New York: Bobbs-Merrill Co., 1968.

Hollander, E. P. *Leaders, Groups and Influence*. New York: Oxford University Press, 1964.

Hunter, Floyd. *Community Power Structure*. New York: Doubleday, 1963.

Kreitlow, Burton W., E. W. Aiton and Andrew P. Torrence, *Leadership for Action in Rural Communities*. Danville, Illinois: Master's Thesis, Southern Illinois University, 1962, p. 10.

Mills, C. Wright. *The Power Elite*. New York: Oxford University Press, 1956.

Warner, Lloyd W., and Paul S. Lunt. *The Social Life of Modern Community*, Vol. 1, Yankee City Series. New Haven, Connecticut: Yale University Press, 1941.

# Field Training

The field experience component of the training program can be designed in several different ways to accomplish specific goals, as determined by the needs of the trainees, and to meet the limitations imposed on the field training period. Lengthy field training should be avoided, unless accompanied by frequent opportunities for meeting and discussion. One successful design combines short field training periods of one or two days with an immediate return to the class room for discussion of the field experience. In this way, problems of a mechanical nature as well as those of a more organic nature may be discussed while they are still fresh.

The post-field discussion sessions should emphasize open and frank discussion of the problems, failures and successes of the trainees. The trainer's role is to draw out and encourage expression and meaningful discussion. At these sessions, the trainer is concerned less with evaluating or criticizing the work of the trainees, than with developing an atmosphere in which the trainees freely discuss situations and problems and constructively evaluate each other's work. Since the trainer may not be able to monitor their post-training activities, he must try to develop the group's self-evaluation skills, so that the group is able to define its norms of behavior and make progress in solving problems on its own, within the framework of the administrative program's goals. If time permits, or if subsequent training is conducted, the trainer may assist the group in constructively presenting problems and alternative solutions to the administration for its consideration. Because styles of administration vary widely and because the methods of feeding back information to the administration may not be clear, communication must be encouraged in an open atmosphere, but within the confines of the organization.

In concluding the training session, the trainer must reinforce the positive field experience results and to offer remedies for any negative results. Exercises should be given which concentrate on those areas in which the trainees seem weak. Directive efforts made to have the trainees identify the most difficult areas usually reveal that the areas include attitude change and motivation.

The field training situation provides a two-fold opportunity for learning. One is testing and practicing the skills which were developed in the classroom. The other is developing skills which cannot readily be learned in the classroom situation. The way in which the field training exercise is structured will determine the kinds of skill practice and new learning which may be expected from the field experience.

Previous CHA training has demonstrated that the CHA field training is best structured when the trainee will have an experience similar in nature to

his real role expectations. This does not mean that it is necessarily the same experience. For example, the CHA trainee does not have to be placed immediately in a field training situation where he will be attempting to help a resident with environmental sanitation problems. Such an immediate training situation could be difficult to follow-up with regular service. This might be detrimental to relationships which the agency is attempting to establish with the resident.

A field training situation, where the trainee is under less pressure for immediate performance may have more learning value. This should include practice in interpersonal relationships at agency levels, some contact with slum residents, and an opportunity to relate more objectively to the environment through observation.

Although it may be desirable to give the CHA trainee experience in practicing group development, group discussion and group problem solving, it is more consistent with the level of training and experience to have a well-structured field training program. Whereas supervisors and others with experience can be given unstructured situations in which to evolve a goal of task performance, the field training of the CHAs can more profitably focus on team building, communications, and knowledge of the neighborhood environment.

For example, if the CHAs are to work in teams of two, which is a good practice in slum areas, the field training may be set up for teams of two. Skills which were included in the training sessions and which may be strengthened experientially will include, one-to-one relationships, the interpersonal helping relationship; group discussion techniques, and problem solving methods.

The field training problem may be set up in such a way that the trainee will have contact with slum residents but in a reversed role. In this case, the trainees will attempt to get help and information from the residents rather than attempt to give help. This reverse role situation can give insight into problems of the helping relationship from the view-point of the person needing help. Practice in observation and perception can be tied to some simple concepts of city planning, as they apply to neighborhood analysis. Remembering that the training emphasizes the knowledge and folk-wisdom of the trainees, the field training assignment is made with the assumption that the trainees have some natural curiosity and perceptive ability concerning their environment.

A field exercise may be designed with three objectives in mind: interpersonal relationships, in-staff and agency; interpersonal relationships with residents of slum areas; and observation and perception of environmental factors of slum areas. Criteria used in selecting the areas in which the field exercise will take place are in the area's ability to provide opportunity for observation and perception exercise and experience, and the existence of agencies in the area which are capable and willing to orient the trainees to the area. These agencies preferably should not be the agencies for which the CHAs work, so that the trainees will learn about the responsibilities and operations of another agency working in their type of area.

Teams of two may be selected from the trainees, with some thought to pairing along the lines of compatibility and complimentariness. The field task assignment is to prepare a report on the area to which they are assigned. Usually the trainees are asked to concentrate on a one or two-block sector within an area which is considered a neighborhood. The trainees are given the task of reporting, on return, to the training class. Within the one or two-block areas the teams are asked to observe the types of dwelling

structures in the block, the presence or absence of retail stores, land use mixtures such as industry, warehouses, etc. The racial and ethnic composition of the block, apparent density, conditions of alleys, yards and lots, trash and garbage containers are also reported on.

In the larger neighborhood area, the team will be asked to look at some of the same things as in the blocks, such as types of structures, land use, racial and ethnic composition, and general conditions of environmental sanitation in the neighborhood. Studying these features will give the trainees greater understanding of the total neighborhood environment in which the block residents live. Other features which can be studied include the presence or absence of institutions such as schools (elementary, high school or college), churches (monumental or store front), shopping centers, offices, transportation facilities, parks and playgrounds, agency offices (governmental or voluntary), recreation facilities (formal such as motion picture theaters, bowling alleys, pool halls, and informal such as street games, gambling and prostitution), taverns and other public meeting places. The list could be expanded, but this is a suggested beginning.

At the reporting session, after perhaps a day and one-half or two days in the field, the trainees will bring an enrichment of experience to the total group. If the trainees have been given assignments in different neighborhoods, it is possible to bring into focus the various problems of the slum areas of the cities in the context of their actual environments. It is desirable, from the standpoint of learning experience, that the trainees be assigned to areas other than those with which they are familiar. In this way, new insights into the different kinds of slums which exist and some of the reasons for their existence may be gained. Negroes who are accustomed to black ghettos are surprised to find white slums of single family dwellings or slums where communication patterns and social institutions are much different than in their accustomed areas. Whites, Puerto Ricans or others have similar types of revelations in the field experience and reporting session in the classroom.

If a resource person, such as an urban planner on the city's staff, or an urban anthropologist from the university, can be present in the reporting session, he can help tie together the various areas and interpret some of the information which the trainees bring to the classroom.

In carrying out their field work assignment, the trainees will have communicated with one another, devised a common method of approaching their task and worked together to prepare their report. They will have talked to area residents in a non-threatening situation, coffee shops, barber shops or beauty shops and other public places, gathered information about the area and probed for the relevance of observed institutions to the social reality of the neighborhood. If the field training experiences accomplishes this much, it will have been well worth the time and effort.

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